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ABSTRACT

This report presents summaries of federally-assisted and state (Virginia) funded programs as required by Public Law 100-146, The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987. Information presented for each of the 55 programs includes: (1) the administering agency; (2) the legislation enabling the provision of services; (3) the eligibility requirements for receiving services; (4) the scope of the programs (range of the services offered); (5) the extent of services (data on the number of persons served or program expenditures); and (6) the effectiveness of the services in meeting the needs of individuals with disabilities. Programs are grouped under the following services: Department of Labor; Health Services; Housing; Medicaid; Mental Health Programs; Office of Human Development Programs; Protection and Advocacy; Social Security; Special Education; Transportation; Vocational Rehabilitation Programs; and Virginia Mental Health/Mental Retardation Service Programs. (DB)

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ANALYSIS OF THE FEDERALLY-ASSISTED AND STATE FUNDED PROGRAMS SERVING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN VIRGINIA

Appendix A to the Developmental Disabilities

1990 REPORT

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1990 REPORT
APPENDIX A

ANALYSIS OF THE FEDERALLY-ASSISTED AND STATE FUNDED PROGRAMS SERVING INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES IN VIRGINIA

December, 1989

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Introduction

The summaries of federally-assisted and state funded programs contained in this document are part of the reporting requirements for each state to develop as described in P.L. 100-146, "The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987." The descriptions of Virginia's programs serving persons with developmental disabilities have been organized to enable interested individuals to easily access information on the extent, scope, and effectiveness of the services provided.

The contents of this document contain descriptions of 55 programs in the state providing services to persons with developmental disabilities. The selection of these specific programs was made through technical assistance provided by the National Association of Developmental Disabilities Councils (NADDC) and by members serving on the Planning Committee of the Board for Rights of the Disabled. Each program description is formatted to provide the reader with information on: 1) the administering agency; 2) the legislation enabling the provision of services; 3) the eligibility requirements for receiving services; 4) the scope of the programs (a range of the services offered); 5) the extent of services (data on the number of persons served or program expenditures); and 6) the effectiveness of the services in meeting the needs of individuals with disabilities.

Several resources were used in the analysis of the 55 programs. The information was gathered through direct contact with individuals who were knowledgeable about the implementation of these programs in Virginia. State reports and other documents were obtained and thoroughly reviewed. After the program descriptions were written, a copy was sent to those individuals who contributed information or data, giving them an opportunity to provide feedback. Comments were received on each program summary and the input was incorporated into the final draft.

The information presented here can be a valuable resource for all individuals concerned with the delivery of services to persons who are disabled. The descriptions are based on a thorough examination of the current resources available in Virginia for individuals with developmental disabilities.

The Community Services Assistance Center located at Virginia Commonwealth University has been contracted by the Board for Rights of the Disabled to develop this document as part of the requirements under P.L. 100-146. The analysis of federally-assisted and state funded programs is just one section of the 1990 Report; which in its entirety is a comprehensive review of Virginia's service delivery network serving individuals who are developmentally disabled.

Acknowledgments

The Community Services Assistance Center staff would like to thank the members of the Planning Committee of the Board for Rights of the Disabled for their input and direction in the development of this document. Many hours were spent by these committee members reviewing and commenting on draft copies of the program descriptions. Their feedback assisted staff in completing this section of the 1990 Report.

The staff would also like to express their appreciation and gratitude to all the individuals who contributed to the development of the program descriptions. The following list of names are individuals who either provided us with information and reviewed program write-ups, or conducted a program analysis and wrote a summary of their findings.

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Department of Labor

Job Training Partnership Act (JTPA)

Program Overview

Administering Agency: Governor's Employment and Training Department (GETD)

Enabling Legislation: P.L. 97-300, as amended

Mission of Program

The purpose of the JTPA is to establish programs that prepare youth and unskilled adults for entry into the labor force. The Act provides job training to economically disadvantaged individuals and other persons facing serious barriers to employment.

JTPA represents a partnership between the public and private sectors. Federal funds are allocated to the States, which in turn allocate the monies to the local service delivery areas (SDAs). Each SDA is required to have a Private Industry Council (PIC) and the involvement of local elected officials. The PICs must be comprised of local business leaders and officials, organized labor, rehabilitation service agencies, education, and community based organizations. These councils are responsible for determining how funds will be spent to provide job training in their specific SDA. Virginia has 14 SDAs.

JTPA funds are allocated under four primary titles. Title II-A and Table II-B provide funds which can be used by economically disadvantaged handicapped populations seeking basic job training and other training services. Title II-A dollars are for providing services to eligible adults and youth (ages 16 to 21). Title II-B (Summer Youth Program) provides job training services to youths between the ages of 14 and 21 during the summer months.

Eligibility for Services

Individuals with handicaps are eligible to receive job training services under JTPA. The law defines these persons as "any individual who has a physical or mental disability which for such individual constitutes or results in a substantial handicap to employment." (Section 4 (10), P.L. 97-300, as amended). Up to 10% of the participants served in a Title II-A program do not have to be economically disadvantaged. However, they must have a substantial barrier to employment. Further, use of the "10% window" must be approved by the PIC and the use of this 10% window must be explained and documented in the SDA's job training plan. Participation of individuals with handicaps is made easier by the requirement that adults and youth who are handicapped must be considered as a "family of one," when determining eligibility, regardless of family income.

There is no "10% window" provision in the Summer Youth Program (Title II-B). Youth with handicaps, ages 16 to 21, are also considered a "family of one" when determining eligibility. For individuals receiving Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI), these benefits are excluded from the computation of family income.

Scope of Services

There are a variety of employment and training opportunities provided by JTPA programs. Some examples of the specific services that are available to persons who qualify include job search assistance, job counseling, job development, on-the-job training, remedial education, internships, and vocational exploration.

Extent of Services

There has been a steady increase in the last four years in the number of youth and adults with handicaps served by JTPA in Virginia. During Program Year 1988, 16% of the total number of individuals (age 16 and older) receiving services from Title II-A were handicapped. Approximately 24% of the youth (14 to 21) served during the most recent summer program were handicapped.

In Virginia the incidence of persons who are handicapped served by JTPA does not need to equal the incidence of individuals with handicaps in the general population. The requirement to serve particular groups in relation to their incidence in the population in JTPA applies only to school dropouts and Employment Services participants. It is up to each SDA and PIC to establish appropriate service levels for individuals who are handicapped.

The number of individuals with handicaps served is a factor of those individuals being identified during the initial intake and assessment process.

Effectiveness of Services

The reauthorization of JTPA is currently being considered at the federal level. The recently enacted "Jobs for Employable Dependent Individuals" (JEDI), amends JTPA to encourage the states to place in jobs, long-term recipients of Aid to Families with Dependent Children and Supplemental Security Income.

There is also an amendment being considered that would target services to specific groups of individuals, traditionally considered hard-to-serve. Proposed amendments establish two separate programs for youth and adults.

The Governor's Employment and Training Department and several SDAs have been actively involved in Project VAST. This project is designed to successfully transition youth and young adults with handicaps from school to postsecondary opportunities. Several SDAs have been involved in this transition effort for the past 3 years.

Information regarding JTPA programs and services continues to be disseminated throughout the Commonwealth. Information on a specific SDA's services is available from that particular SDA.

Representatives of rehabilitative agencies are specifically mentioned in the legislation to serve on Private Industry Councils (PICs). In Virginia, proessionals from the Department of Rehabilitative Services are usually appointed to serve. There is concern that despite this representation, PIC members are still not aware of the training needs of persons with handicaps. Additionally, there is a concern that professionals working in the disability field are not, in general, fully aware of JTPA or how to use these funds with other resources.

Documentation

Governor's Employment and Training Department. (1986). Annual Report to the Governor (1984-1985; 1985-1986). Richmond, VA: Governor's Job Training Coordinating Council.

Governor's Employment and Training Department. (1989). JTPA progress: A report to the general assembly on the Job Training Partnership Act in Virginia. Richmond, VA: Governor's Job Training Coordinating Council.

Personal Communication. Howard Green, April 25, 1989.

Personal Communication. James Price, October, 1989.

Tindall, L. W., Gugerty, J., Dougherty, B., & Heffron, T. (1986). Helping handicapped students become a part of the Job Training Partnership Act. Madison, WI: The Vocational Studies Center, School of Education, University of Wisconsin--Madison.

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Telephone: (804) 367-9800

Targeted Jobs Tax Credit (TJTC)

Program Overview

Administering Agency: Virginia Employment Commission (VEC)

Enabling Legislation: P.L. 95-600, Revenue Act of 1978

Mission of Program

The Targeted Jobs Tax Credit (TJTC) is a federal tax credit for private employers who hire individuals from specific target groups. These groups include individuals with disabilities, economically disadvantaged youth and adults, and recipients of federal and state welfare benefits.

Eligibility for Services

Targeted disability groups for TJTC include: 1) persons with handicaps receiving services from the Department of Rehabilitative Services (DRS) or the Department of Veterans Affairs Vocational Rehabilitation Programs, and 2) recipients of Supplemental Security Income. (DRS and the Department of Veterans Affairs are not authorized to voucher SSI recipients.)

The Department of Veterans Affairs and DRS are authorized to voucher individuals who are handicapped, or they can refer these individuals to the VEC for vouchers. In Virginia, DRS counselors provide vouchers to their clients 75% of the time and refer clients to the VEC 25% of the time. The Department of Veterans Affairs does not provide vouchers, choosing to refer clients instead.

Any individual with a state rehabilitation plan from DRS or the Department of Veterans Affairs is eligible for TJTC. The VEC gives these individuals vouchers which they take to their employers. There is no limit to the number of vouchers awarded each year. Eligible individuals can receive a second voucher if they change jobs.

Scope of Services

TJTC is a tax credit in the amount of 40% of the first $6,000 in wages paid to the employee during the first year of employment. This equals a potential $2,400 credit for each eligible employee and is deducted from the amount of Federal Income Tax owed by the hiring business.

TJTC has been in operation since 1978 (except for a 9 month period during 1986) and is currently set to expire on December 1, 1989. It is unclear whether TJTC will be extended beyond the end of 1989.

Extent of Services

From FY 1985 (October 1--September 31) through FY 1988, 7,162 individuals were vouchered who met the disability criteria and 3,653 certifications for employers were issued during that time period. Thus, only 51% of employers hiring eligible workers took advantage of the TJTC. Because FY 1986 and FY 1987 were affected by the 9 month halt on TJTC, it is difficult to determine whether there has been an increase or decrease in the number of vouchers and certificates issued.

The TJTC is totally federally funded--no state funds are used. From FY 1985 through FY 1988, $7,585,723 was allocated to operate the TJTC program in Virginia. Because FY 1986 and FY 1987 were affected by the 9 month halt of the program, it is difficult to determine whether there has been an increase or decrease in funding for TJTC.

Effectiveness of Services

Several issues have been identified in the use of TJTC. Currently, continuation of the program past December 1989 is a major issue. TJTC in Virginia has run out of funds and ceased operation June 30, 1989.

As evident in the number of vouchers and certificates issued, many employers are not taking advantage of TJTC even though their employees are vouchered. The most likely explanation is that employers have difficulty meeting the stringent timelines of the program. TJTC has time limitations employers can meet in one of two ways: 1) if the new employee has obtained his/her eligibility voucher no later than the first day on the job, the employer has 5 calendar days from the first day of work to mail the voucher to the VEC, or 2) for an employee who appears to qualify for TJTC but has not been issued an eligibility voucher by the employment starting date, the employer must make a written request for a voucher to the VEC no later than the employee's first day on the job.

Another cause for the discrepancy may be that employers, especially in large businesses, do not feel the paper work involved in TJTC is worth the relatively small financial benefit.

And finally, the VEC feels that, despite numerous outreach efforts, many employers do not take advantage of the TJTC because they are unaware of the program.

Another issue facing the use of TJTC is that a company cannot claim credit on an employee's wages while receiving federal government payments for On-the-Job-Training (OJT) for that employee. However, if the employee qualifies and the employer has requested certification at the start of the OJT, the employer may claim credit on the wages paid after the OJT is completed. In addition, credit cannot be claimed on wages paid to a relative of the employer.

Documentation

Personal Communication. Art Quiroz, April 19, 1989.

Virginia Employment Commission. (1988, November). TJTC newsline for Virginia. Richmond: Author.

Contact: Virginia Employment Commission
TJTC Unit, Room 322
P.O. Box 1358
Richmond, VA 23211

Telephone: (804) 786-7174

Health Services

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Maternal and Child Health Services Block Grant--Children's Specialty Services (CSS)

Program Overview

Administering Agency:	Department of Health, Division of Children's Specialty Services
Enabling Legislation:	Title V of the Social Security Act, as amended

Mission of Program

Virginia's CSS program focuses on providing a statewide structured health care delivery system which insures the availability of appropriate and proper comprehensive care for children with handicaps. Activities undertaken by this program include: 1) the early identification of children who are handicapped; 2) the provision for such children of preventive, diagnostic and treatment services authorized by the state plan; 3) the development, strengthening and improvement of standards and techniques relating to the provision of such services; 4) training of personnel engaged in providing these services, to the extent permitted by fiscal constraints; and 5) the necessary administrative services in connection with the aforementioned services.

Eligibility for Services

Children are eligible for services between the ages of birth to 21 years of age. In addition, recipients must meet the Health Department Income Eligibility Guidelines. Fees are then determined on a sliding scale. Individuals requiring services for amputations, cerebral palsy, cleft lip/palate/facial deformities, cystic fibrosis, eye surgery, hearing impairments, hemophilia, neurosurgery, orthopedics, pediatric evaluations, plastic surgery, rheumatology, sickle cell anemia, scoliosis, spina bifida, surgery, urology, neurology, endocrinology, or cardiology, are eligible for the CSS program. Due to state law, all individuals suffering from hemophilia or cystic fibrosis are eligible for services regardless of age. Individuals under age 21 years, of any income, are eligible for the spina bifida and maxillofacial programs. Referrals to CSS are usually made by the local health department, however anyone can make a referral.

Scope of Services

CSS concentrates on providing highly specialized services which are not generally or readily available within local communities and are of such a complicated and long-term nature that the cost would be prohibitive to low income families. These services are defined as preauthorized surgical and/or medical procedures necessary to correct or mitigate a covered handicapping condition. This can include hospitalization, ambulatory surgery, outpatient surgery, in and out surgery, laboratory, radiographic and other diagnostic tests, medications, prostheses, appliances, or aftercare required to properly treat the covered condition. Other services of the CSS program include: 1) maintaining the Virginia Hearing Impairment Identification and Monitoring System, and 2) providing diagnostic and treatment services by qualified medical specialists through regularly-scheduled clinics located in facilities which are accessible to all sections of the state.

Extent of Services

Approximately 14,000 children are seen during each fiscal year. On the average, each child has two medical visits. The cost of treatment is about $300-$350 per patient which includes administrative costs.

Over the last 8 years, the CSS program has operated at level funding, which is approximately 7 million dollars. Funding is determined by state and federal appropriations. Over half of the funds supporting this program are state dollars, 46% are federal funds received through the block grant.

Although there are waiting lists for receiving services, children needing such services are generally served within a month of the request made. The Division of Children's Specialty Services preauthorizes all services received through the program.

Effectiveness of Services

The Division of Children's Specialty Services has established a number of cooperative agreements with other state agencies to facilitate services for children who are handicapped. Formal agreements have been established with the Departments of Rehabilitative Services, Corrections, and Education. Agreements have also been developed with the Genetics Disease Program through Maternal and Child Health, and with primary care physicians. These agreements assist the CSS program to provide comprehensive treatment without duplicating services provided by other programs.

The Division maintains a data system which gathers detailed information on each child served. However, the program staff believes more follow-up is needed once a service is provided to obtain better outcome data. More data is needed on what the results or impact are on a child once services have been received. This will help the Division to better evaluate the effectiveness of the services provided.

Documentation

Personal Communication. James Pollack, July 19, 1989.

Virginia Department of Health. (1989, May 1). State plan for the provision of Children's Specialty Services. Richmond: Division of Children's Specialty Services.

Contact: Department of Health
Division of Children's Specialty Services
109 Governor Street
Richmond, VA 23219

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Maternal and Child Health Services Block Grant-- Child Development Program

Program Overview

Administering Agency: Department of Health, Division of Children's Speciality Services

Enabling Legislation: Title V of the Social Security Act, as amended

Mission of Program

The Child Development Program provides evaluation services for children from birth to 21 years of age. Evaluations are conducted by a team of professionals including a pediatrician, nurse, psychologist, social worker, and educational consultant.

Eligibility for Services

Any individual requesting this service is eligible to receive an evaluation. The fee for service is based on a sliding scale as established by the Department of Health. Typically, referrals for this evaluation are through private physicians, social services agencies, and the schools.

Scope of Services

The primary purpose of this program is to conduct a thorough evaluation, both physical and psychological on children referred for evaluations. Some counseling services are also provided.

Extent of Services

There are 13 major clinics across the state which provide evaluation services through the Child Development Program. The service is available to help determine the extent of a child's needs and what services should be provided.

Approximately 3 million dollars a year are appropriated to this program. In 1988, 3,084 evaluations were conducted. This is a 40.5% increase in the number of children evaluated over the last 5 years. Over half of the families requesting this service for their children do not directly pay for the evaluation. The fee is covered either by the referring source or through Medicaid.

Effectiveness of Services

The Child Development Program is currently not being fully utilized by agencies in the service delivery system, especially by the schools. The Division of Children's Speciality Services is attempting to contract with schools, especially in rural areas, to increase the access and availability of this service.

Documentation

Personal Communication. James Pollock, July 19, 1989.

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109 Governor Street
Richmond, VA 23219

Telephone: (804) 786-3691

Housing

HUD Section 8 Rental Assistance

Program Overview

Administering Agency:	U.S. Department of Housing and Urban Development (HUD)
Enabling Legislation:	P.L. 93-383, Housing and Community Development Act of 1974

Mission of Program

The original goal of this program was to aid low income families in obtaining decent, safe, and sanitary housing in private accommodations. This rental subsidy can also benefit persons with disabilities as well as low-income individuals. This legislation provides for subsidies to owners of new, rehabilitated, or existing housing occupied by low-income tenants.

Eligibility for Services

Individuals

Federal eligibility criteria states that a tenant's income must not exceed 80% of the median income for an area in order to qualify for this assistance. Individuals with disabilities and their families who have incomes that are 80% or less of the median income for their area will generally be found eligible. Individuals with developmental disabilities are specifically targeted for services in the eligibility criteria for Section 8 housing. The definition of disability includes those individuals who are either developmentally disabled, physically handicapped, or chronically mentally ill.

The term developmental disability is defined by HUD as a severe chronic disability which:

a) is attributable to a mental or physical impairment or combination of mental and physical impairments;

b) is manifested before the person reaches the age of 22;

c) is likely to continue indefinitely;

d) results in substantial functional limitations in three or more of the following areas of major life activity: 1) self care, 2) receptive and expressive language, 3) learning, 4) mobility, 5) self-direction, 6) capacity for independent living, 7) economic self-sufficiency; and

e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

The term physically handicapped means any adult having an impairment which is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

The term chronically mentally ill is defined as an adult with a severe and persistent mental or emotional disorder that seriously limits his or her functional capacities relative to primary aspects of daily living such as personal relations, living arrangements, work, recreation, etc., and whose disability could be improved by more suitable housing conditions.

Individuals who meet the criteria for developmental disability, physically handicapped, or chronically mentally ill are then considered eligible. Eligible tenants pay the highest of either 30% of adjusted gross income, 10% of gross income or the portion of welfare assistance designated to meet housing costs. This amount generally works out to about 25% of their monthly income with HUD providing the funds to pay the difference between that amount and the full rent for the unit. Subsidy payments are provided by HUD to the property owner which can be a public, private, or nonprofit organization.

Rental Property

Housing subsidized by HUD must meet safety and sanitation standards. Property can be owned by public, private, or nonprofit organizations. Rents (including utilities) for HUD units must fall within the range of fair market rents, as determined by HUD. HUD proposes to eliminate and replace the fair market rent limits of Section 8 rental subsidies, which tended to be arbitrary, with payments that are based on reasonable and necessary costs of operating a project. This rental assistance may be used in existing housing, in new construction and in moderately or substantially rehabilitated units, although currently no new money is available for new construction or substantial rehabilitation. In addition, no more than 5% of the available units may be rented to lower-income families whose incomes are between 50 and 80 percent of the median income for the community.

Scope of Services

Section 8 rental assistance is available for individuals with developmental disabilities. These individuals must also meet the income guidelines. Individuals with disabilities and their families who have incomes that are 80% or less of the median income for their area are generally considered eligible (this also depends on the amount of owned assets). There are four separate Section 8 components: Existing Housing, Moderate Rehabilitation, Substantial Rehabilitation, and New Construction. In existing housing, the tenant selects the unit to which the subsidy will be applied, in the other programs the subsidy is attached to the unit itself.

Existing Housing

This portion of the program applies to all types of dwelling units already built and available in the community. Section 8 is also available to families who own or lease their mobile home sites. Independent group residences and congregate housing that meet certain program requirements are also eligible for Section 8 assistance.

Eligible individuals and their families are given Certificates of Participation which they can use to rent an apartment or home in the community. The units must meet specific housing quality standards, and the landlord must be willing to participate in the program. Individuals with disabilities are eligible to receive certificates for rents up to 20% above the fair market rate, if the additional rent can be justified by the extra cost associated with an accessible unit in the market area.

The major advantage with this portion of the program is that the tenant can choose the unit, the Certificate can be applied to a currently occupied unit that meets the program requirements, or a different unit can be chosen if it is within the Public Housing Agency's service area. If a tenant moves, in accordance with the lease after receiving a certificate, he or she may apply it to the new unit, provided it meets the HUD requirements.

Moderate Rehabilitation

Under this portion of Section 8, owners of substandard rental housing can contract with a local public housing agency for a 15 year term for units that have been rehabilitated to meet program standards. The improvement must be something other than routine maintenance, and must involve a minimum expenditure of $1,000 per unit. Fair market rate for existing housing for the moderate rehabilitation program is 120% of the fair market rate for existing housing. An additional 10% is allowable where the higher rent is necessary to support the cost of making the units accessible.

Up to 5% of the units in this portion of the Section 8 program may be units meeting housing standards that are rehabilitated for accessibility alone. Any number of substandard units that are rehabilitated may include accessibility in the renovations.

Most types of rental housing requiring a moderate level of rehabilitation are eligible, however, mobile homes and rental housing units assisted under other federal housing programs may not be assisted under this program. Owners are responsible for tenant selection but must select from eligible families referred by the local housing agency to fill any vacant units. The subsidy is attached to the unit, thus limiting the tenant's mobility.

New Construction and Substantial Rehabilitation

In these two types of projects, the owner enters into an agreement with HUD to accept Section 8 payments for designated units. HUD advertises availability of funding and requests for proposals from housing developers. Proposals approved for Section 8 payments can use the HUD guarantee of rental subsidy to obtain conventional financing for construction or rehabilitation.

Eligibility for participation relates to the unit, and individual tenant eligibility is determined by the project manager within the requirements set by HUD regulations. While this saves the individual or family from the often long wait for a Certificate of Participation, it does limit the choice of a home.

Administration is handled through the owner, who may be a private owner or public housing agency, and the number of available units in an area is determined according to a formula based on population and need. Demand for units is high, and waiting lists for projects often develop quickly once advertising and occupancy begin.

Administration of this program in Virginia follows the guidelines established by the Department of Housing and Urban Development (HUD). The variation from state to state is basically in the number of certificates available and the amount of mortgage money available, which is based on the cost of housing in the locality. Unfortunately, new funding is no longer available for new construction or substantial rehabilitation projects.

Extent of Services

Certificates of Participation are issued by the Virginia Housing Development Authority. Unfortunately each area in the state has a limited number of certificates, usually far fewer than the number of eligible applicants. So while many are benefitting from this program, far more are awaiting Section 8 rental assistance. At the present time there are 201 existing Section 8 Certificates of Participation in the Commonwealth. These certificates are for rental property that is already constructed. These certificates are broken down into localities and are used for individuals classified as MH/MR:

Chesterfield	10
Charlottesville	60

Culpepper	27
Harrisonburg/Rockingham	10
Hanover	7
Henry	14
Prince William	9
Richmond	26
Virginia Beach	38 with 6 set aside for individuals with mobility impairments

The mortgage amount disbursed during 1988 for individuals who are developmentally disabled amounted to $824,700 for two projects containing 26 units. The problem in using this figure for comparative purposes arises in the differences between housing and land costs in the various areas. The mortgage amount for Northern Virginia would be substantially higher than the amount required for the same type of housing in another area of the Commonwealth.

Effectiveness of Services

There are no effectiveness studies on the Section 8 program. The shortcomings with this program lie in the number of Certificates of Participation that are available across the Commonwealth. The time element is also a factor in Section 8. Over two and a half years ago, VHDA requested 39 vouchers for individuals with mobility impairments which now have just been issued. An effort must be made to provide future funding for more rental subsidies across the Commonwealth.

The loss of the Substantial Renovation and New Construction dollars may have an impact on the number of homes renovated for housing for individuals with disabilities. The Fair Housing Amendments Act may aid individuals with disabilities who are seeking living arrangements, but it is too soon to tell.

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HUD Section 202 Program

Program Overview

Administering Agency: U.S. Department of Housing and Urban Development (HUD)

Enabling Legislation: Section 202 Program of Direct Loans is authorized by Section 202 of the Housing Act of 1959, as amended, by the Housing and Community Development Act of 1987, Section 162.

Mission of Program

The purpose of Section 202 is to provide direct federal loans for a maximum term of 40 years under Section 202 of the Housing Act of 1959, as amended, to assist private, non-profit corporations and consumer cooperatives in the development of new or substantially rehabilitated housing and related facilities to serve the physically handicapped, developmentally disabled, or chronically mentally ill adults.

The 202 policy is to provide loans to finance the construction or substantial rehabilitation of residential projects for the elderly or disabled. Loans for housing that meet the requirements of the Section 202 program are automatically eligible for Section 8 rental assistance.

Section 202 is a decentralized program and responsibility for program administration has been delegated to Area Managers, including the Supervisors of Multifamily Service Offices.

Eligibility for Services

Long-term direct loans at interest rates of no more than 9.25% are available to private nonprofit organizations to finance rental or cooperative housing facilities for occupancy by the elderly or handicapped. These low interest loans are available to a wide range of groups. Section 202 and Section 8 rental assistance have been available in tandem since 1974 as a result of the Housing and Community Development Act of 1974 (U.S. Department of HUD, 1979).

Eligible tenants include persons who are single, 62 or older or who are disabled; or families in which the head of the household or spouse is disabled or over 62. The same income of no more than 80% of the area median income applies to Section 202 as with Section 8 Rental Assistance. The legislation states that 20% to 25% of all Section 202 funding must be used in rural areas.

The definition of disability includes those individuals who are either developmentally disabled, physically handicapped, or chronically mentally ill.

The term developmental disability is defined by HUD as a severe chronic disability which:

a) is attributable to a mental or physical impairment or combination of mental and physical impairments;

b) is manifested before the person reaches the age of 22;

c) is likely to continue indefinitely;

d) results in substantial functional limitations in three or more of the following areas of major life activity: 1) self care, 2) receptive and expressive language, 3) learning, 4) mobility, 5) self-direction, 6) capacity for independent living, 7) economic self-sufficiency, and

e) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

The term physically handicapped means any adult having an impairment which is expected to be of long-continued and indefinite duration, is a substantial impediment to his or her ability to live independently, and is of a nature that such ability could be improved by more suitable housing conditions.

The term chronically mentally ill is defined as an adult with a severe and persistent mental or emotional disorder that seriously limits his or her functional capacities relative to primary aspects of daily living such as personal relations, living arrangements, work, recreation, etc., and whose disability could be improved by more suitable housing conditions.

Individuals who meet the criteria for developmental disability, physically handicapped, or chronically mentally ill are then considered eligible.

Scope of Services

Long-term direct loans are available at an interest rate of no more than 9.25% or at a lower interest rate based on the average rate paid on federal obligations during the preceding fiscal year. Section 8 funds are available for 100% of the Section 202 units.

The housing projects shall be designed to provide, and management plans shall also include, the range of necessary services for the occupants, such as health, continuing education, welfare, recreational, homemaker, counseling, and referral services. Transportation is also required where necessary to facilitate access to employment opportunities and religious activities.

Housing for the developmentally disabled may be proposed for small group homes of up to 15 persons per site or independent living residences of up to 40 units. Facilities for 6 to 8 persons are preferable, if feasible, as smaller projects can provide more normal or home-like environments. Facilities should be scattered throughout the community and should not be located on adjacent sites, if they would exceed the above limits. Housing should be located in predominately residential neighborhoods where other family housing is located and is reasonably close to shopping, commercial facilities and services, jobs, recreation, etc. Such housing should not be located in areas dominated by or adjacent to institutional facilities including, schools for the handicapped, workshops, day-care centers or medical facilities. Most proposals involving the developmentally disabled are for group homes, but proposals that provide opportunities for more independent living are encouraged.

In new construction, all units must be accessible and usable by the physically handicapped. Lavish design is avoided and the emphasis placed on accessibility. In group homes, only one or two persons are permitted in each bedroom unit. In addition, the living unit occupied by the houseparents must be accessible to all residents. There shall be at least one full bathroom for every 4 residents.

These are the federal guidelines and there does not appear to be any variation in program implementation in the Commonwealth. The difference remains in the cost of property in areas both in and out of the state.

Extent of Services

The extent of 202 mortgage amounts is complicated since the amount of the mortgage is dependent on the cost of the property, which varies greatly. Mortgages issued in previous years are sometimes sold as part of bond sales; these amounts are then not included in total mortgage amounts for Section 202. At the present time there are a number of projects underway in Virginia that will increase the number of residences available for the developmentally disabled. These residences are operated by the Community Services Boards across the Commonwealth. The following is a breakdown of the number of projects and slots available:

HUD Section 202/8

Disability	Projects	Slots
MH	5	24
MR	5	54

HUD Section 202/8 Under development or construction

Disability	Projects	Slots
MH	14	167
MR	6	83

There are no waiting lists, per se, but there are individuals who need housing. Even with adequate housing available there would be a number of individuals who might want to live closer to their family or in geographic areas that do not have an adequate number of residences available.

Effectiveness of Services

No specific effectiveness study has been undertaken for the 202 program. Clearly, the range of residences from small group homes to independent living complexes is appropriate and effective. The problem arises in the limited number of residences that are available across the Commonwealth. In recent years, HUD's implementation of cost containment procedures made it almost impossible to provide housing for the developmentally disabled. This has changed with the Housing and Community Development Act of 1987 (P.L. 100-242) and new cost parameters. In addition, HUD would automatically accept costs associated with state and local standards for operation of distinct housing types for persons with disabilities.

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Shull, S. (1989, February 1). Supplemental report: Government assisted housing for persons with mental disabilities. Richmond VA: Memorandum Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

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Medicaid

GENERAL MEDICAID OVERVIEW

Medicaid provides payment for health and medical related care for certain people who have low income and who meet other Medicaid eligibility requirements (such as categorical relationship). In Virginia, this program is directed through the Department of Medical Assistance Services. Eligibility decisions are made by local departments of social services, by way of an interagency agreement with the State Department of Social Services.

Eligibility

All Aid to Families with Dependent Children (ADC) and most Supplemental Security Income (SSI) recipients are automatically eligible. Others may be eligible for Medicaid if their income and resources meet the specific Medicaid limits or if excess income is spent on medical care.

Resource Limitations

You can own your own home, the lot on which it sits and $5,000 of land around the home and lot. Counted resources which cannot exceed Medicaid limits are: money on hand, stocks and bonds, refundable prepaid burial accounts, the value of more than one motor vehicle, cash value of life insurance, inherited property, and the unpaid balance on a deed of trust or mortgage held by applicant/recipient.

Income Limitations

All earnings with certain deductions are evaluated, such as social security, veterans benefits, retirement pensions, interest on savings, support payments, and alimony. The income limits vary depending on where you live. Each county and city in Virginia is in one of the income limit "groups."

Program Expenditures

Following this summary are descriptions of seven separate Medicaid programs. Table 1 shown below depicts the specific programs and their total spending levels and consumer counts or Fiscal Year 1987-1988.

Documentation

Personal Communication. Muhammed Akhtar, March, 1989.

Table 1

Program Expenditures and Consumers Served
Fiscal Year 1987-1988

	Consumers Served	Dollars Expended
Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)	3,140	125,176,797
Ventilator Dependent Services	3	20,000
Personal Care Waiver	4,355	16,417,253
Skilled Nursing Facilities (SNF)	2,134	16,479,695
Intermediate Care Facilities (ICF)	19,412	198,322,890
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	40,501	1,421,626
Optional Services	see separate section	

Intermediate Care Facilities for Persons with Mental Retardation (ICF/MR)

Program Overview

Administering Agency:	Department of Medical Assistance Services (DMAS)
Enabling Legislation:	P.L. 92-223

Mission of Program

Please see General Medicaid Overview on page 34.

Eligibility for Services

Specific patient assessment criteria are reviewed by the local medical assistance services staff. These criteria span seven categories intended to demonstrate the level of need for programming across an array of skills and abilities or health care services. Level of functioning in each category is graded from most to least dependent. Dependency status is established by the frequency of a behavior in some areas and degree of assistance required in others.

Scope of Services

A wide variety of service options are available within the ICF/MR program. It requires planned individualized programs for habilitative needs and/or health related services. These must exceed the level of room, board, and supervision of daily activities. Areas such as recreation, daily living skills, social skills, work preparation skills, and behavioral needs must be addressed at least annually. Persons with primary diagnoses of mental retardation are the intended consumers of this program.

Extent of Services

The ICF/MR program ranks second in spending of all Medicaid programs with total expenditures of over 125 million. The total number of consumers served was 3,140 for FY 1988. When compared to other programs at a dollar per consumer ratio, the expensive nature of this program becomes evident. Most institutionalized persons with mental retardation in Virginia participate in this program. It is the habilitative and health needs of the client that determine where placement and required services should be. Typically, these participants are persons with the most severe levels of mental retardation who require supervision and programming at a level above traditional service designs.

Effectiveness of Services

The overall objective of programming should be the attainment of the optimal physical, intellectual, social, or task learning level which the person can presently or potentially achieve. This is sought through the determination of and provision for active treatment. This program is restrictive in terms of the requirements necessary to participate. The ICF/MR program brings significant amounts of money into the state and may represent a disincentive towards deinstitutionalization. Lastly, this program is the most expensive of all residential models and expansion in Virginia is unlikely. Smaller, less regulated and more individualized residential options, such as the community-based waiver program, will likely replace the ICF/MR.

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Ventilator Dependent Services Waivers for Individuals up to 21 Years (Formerly Katie Beckett Model Waiver)

Program Overview

Administering Agency: Department of Medical Assistance Services (DMAS)

Enabling Legislation: P.L. 97-35

Mission of Program

Please see General Medicaid Overview on page 34.

Eligibility for Services

Medicaid eligible individuals younger than 21 are entitled to this service based upon the anticipated cost to Medicaid of home care being less than the anticipated cost of their remaining in the hospital. This is taken into account along with the estimated aggregate cost effectiveness of community services. The individual must also have a live-in primary care giver who accepts responsibility for health and welfare. A formal assessment and plan of care must precede approval for this program and occur prior to the individual receiving Waiver services.

Scope of Services

This program provides primarily an in-home alternative to hospitalization for children and young adults who are dependent on ventilator assistance for breathing. In-home training for equipment use and maintenance is provided by Medicaid enrolled durable medical equipment providers. Medicaid reimburses under the state plan services for a large array of medical equipment and supplies. The apnea monitor is an item not covered by the state plan which has been included as a Waiver service item. In addition, private duty nursing services and respite services will be reimbursed by Medicaid for up to 24 hours each day for the first month of services and up to 16 hours thereafter. These hours of nursing are limited by medical necessity and cost effectiveness.

Extent of Services

This program was approved for delivery in Virginia in December 1988. As a result, the numbers served and dollars expended are not yet available. The program has as part of its inherent eligibility formula the assurance of cost effectiveness.

Eight children have received services since the program began. Typically these children are acutely ill and ventilator dependent for life support. They would not have the opportunity to receive in-home services without the benefits of this program and would probably remain institutionalized.

Effectiveness of Services

The prevention of rehospitalization and provision of in-home care at a reduced cost are the primary determinants of program effectiveness. This program provides a direct alternative to long-term hospitalization and a return to the home environment. Additional children have been identified who may be eligible and appropriate for the program. The original Waiver limited the number of children that could be served to 10 during the first year of the Waiver. Therefore, a Waiver Amendment was submitted and approved to increase the number to 29 who can be served during this period.

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Home and Community-Based Care Waivers for Elderly and Disabled (Personal Care Waiver)

Program Overview

Administering Agency: Department of Medical Assistance Services (DMAS)

Enabling Legislation: P.L. 97-35

Mission of Program

The purpose of this waiver is to prevent or delay nursing home placements by offering a range of community-based care alternatives.

Eligibility for Services

Recipients are eligible either as "categorically needy" or "medically needy." Categorically needy includes SSI and ADC eligible (e.g. blind, aged, disabled), while medically needy must meet income and resource requirements within the necessary limits. The program is designed primarily for adults although some services are available to children. This program does have a maximum expenditure amount that is determined by a formula which limits the total cost of the program and, therefore, the number of eligible individuals. The individual must be authorized for the service by the Nursing Home Pre-Admission Screening Committee which is responsible for determining that the individual meets the nursing facility criteria and is at risk of nursing home placement.

Scope of Services

This program is intended to provide home and community-based intervention for elderly persons and those with disabilities. This waiver program, as with all waivers, attempts to serve people by maintaining them in the community as opposed to an institution. Virginia's Waiver for Elderly and Disabled includes three programs which the individual may choose: 1) personal care, 2) adult day health care, or 3) respite care. Personal care has been offered as an alternative to institutionalization since 1983. The other two services have recently been approved and are in the process of implementation. These services are defined as long-term maintenance or support services which are necessary to prevent a more restrictive placement. All three programs provide a personal care aide or adult day health care aide to assist in daily living skills, ambulation, medication administration, checking vital signs, and home management. If personal care is offered and no family member is available, services such as cleaning, washing laundry, and shopping are also provided.

Extent of Services

Over 4,000 participants were served in the Personal Care program in 1988 at a cost of nearly 16.5 million dollars. Federal guidelines stipulate that the cost to Medicaid for home and community-based care services must be equal to or less than the individual cost to Medicaid for nursing home care. Therefore, the extent of services an individual can receive is limited. As a result, many individuals must have some other support system in place. The number of recipients of home and community-based care are projected forward based on historical levels from the previous year(s) as well as growth anticipated as a result of the creation of additional home and community-based care services. The Department of Medical Assistance Services hopes that the addition of adult day health care and respite care will increase the utilization of home and community-based care to 9,000 individuals by 1993.

Effectiveness of Services

Expansion of this program will have to occur drastically over the next decade and beyond due to population aging and the expectation of significant deinstitutionalization in Virginia. This program is the last preventive stop from becoming institutionalized in a nursing home or alternative residential facility. A study conducted by the LaJolla Management Corporation in 1988 found that Virginia's accuracy in targeting the population at risk of nursing home placement for home and community-based care was 60% as compared with other states which attain less than 33% accuracy in targeting. LaJolla's evaluation additionally found Virginia's quality assurance program to be exceptional. The changing focus on in-home care will force continued attention to home and community-based care. The large numbers served implies that the service is reaching people and the consensus is that this program is one of Medicaid's most important and effective because it is need specific.

Documentation

Personal Communication. Chris Pruett, September 28, 1989.

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Skilled Nursing Facilities (SNF)

Program Overview

Administering Agency:	Department of Medical Assistance Services (DMAS)
Enabling Legislation:	Section 1902 (a) of the Social Security Act, as amended

Mission of Program

Please see the General Medicaid Overview on page 34.

Eligibility for Services

Client eligibility is determined primarily on the basis of need for 24-hour nursing care as an alternative to hospitalization. The need for this level of care must be evident to an extended degree yet not require the constant availability of physician services and supportive services ordinarily found in the hospital setting.

Scope of Services

The services provided through this level of care are highly specialized and medically oriented. Beyond the routine services associated with 24-hour registered nurse availability, skilled care may involve such areas as gastronomy feedings, nasopharyngeal aspirations, postoperative colostomy or ileostomy care, and assistance with catheters and incontinence. Many of these and other areas of the skilled nursing program require specialized services of physicians, registered nurses, and therapists at a near hospital care level.

Extent of Services

Over 2,000 persons participated in the skilled care program in 1988 at a cost of nearly 16.5 million dollars. This is a long-term care program which functions on a 24-hour basis and is associated with a high level of specialized professional care. The high costs of such a program are primarily the result of its extended care and multiple services focus. A typical recipient is a person severely medically involved who is very close to a hospital level of care, or a person who is receiving rehabilitation to restore lost function.

Effectiveness of Services

Effectiveness in the skilled care program is defined in terms of improvement in or maintenance of health status. The prevention of hospitalization and the ability to provide quality medical care to a person requiring such a service is justification for effectiveness. People receiving these services have long term and sometimes permanent conditions for which proper maintenance and prevention of further deterioration of the existing disability may be the goal in itself. Expansion of this program is solely dependent on the number of people requiring intensive acute medical services. No significant increases in program services are anticipated at this time.

Documentation

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Intermediate Care Facilities (ICF)

Program Overview

Administering Agency:	Department of Medical Assistance Services (DMAS)
Enabling Legislation:	Section 1902 (a) of the Social Security Act, as amended

Mission of Program

Please see the General Medicaid Overview on page 34.

Eligibility for Services

This level of care is traditionally thought of as nursing home care. The criteria for assessing intermediate care are divided into two areas: 1) functional capacity (the degree of assistance an individual requires to complete their activities of daily living), and 2) nursing needs. Functional capacity is measured by assessed levels of dependence in the following areas: activities of daily living, behavior pattern and orientation, joint motion, and mobility. A preadmission screening process marks the beginning of the eligibility process and continues through annual Utilization Review surveys by the Virginia Department of Medical Assistance Services.

Scope of Services

Although functional skills may be diminished in the individual, there must be a necessary nursing requirement present that can only be provided or supervised by licensed nursing or professional personnel. Some combinations of services required to justify intermediate care are catheter care, therapy services, routine colostomy care, skin care, and inhalation therapy. Services usually considered skilled may be offered at the intermediate care level on a temporary basis due to changing medical needs or acute situations.

Extent of Services

The ICF program is the single most expensive Medicaid program, costing 198.3 million dollars and serving almost 19,400 persons in 1988. This is due in large part to the long term but not necessarily permanent nature of the participant's medical conditions. The associated specialized care provided by physicians, nurses, and therapists on a long-term basis adds to the cost.

Effectiveness of Services

There can be no doubt that the Omnibus Budget Reconciliation Act (OBRA) of 1981 has had an impact on program effectiveness of the ICF program. This law provided incentives to states to reduce the rate of growth in Medicaid spending although an expenditure "ceiling" was not established. OBRA required that federal Medicaid payments be reduced by 3%, 4%, and 4.5% from 1982-1984. Limits on ICF bed development were set in many states.

Documentation

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Early and Periodic Screening, Diagnosis and Treatment Program (EPSDT)

Program Overview

Administering Agency:	Department of Medical Assistance Services (DMAS)
Enabling Legislation:	P.L. 97-35

Mission of Program

Please see the General Medicaid Overview on page 34.

Eligibility for Services

The only requirements for recipients are that they must have current Medicaid eligibility and be under age 21. Recipients meeting these criteria are entitled to screenings that ascertain any physical or mental deficiencies. Following this assessment, treatment is provided through comprehensive health and developmental intervention.

Scope of Services

This program provides an array of prevention and intervention services to its participants. The screening function comprises the bulk of the EPSDT program and provides at a minimum: comprehensive vision and hearing testing, complete health and developmental history, comprehensive unclothed physical examination, and dental screening. Diagnosis and treatment then follow as necessary and are required to be performed within a timeframe of 6 months.

Extent of Services

The EPSDT program served 40,501 persons, more than any other single Medicaid program. Costs were $1.4 million making it the most cost effective program by participant cost per dollar. Potential long term savings through the preventive measures of screening and treatment are yet to be realized. Secondary costs associated with this program are: informing the public, transportation availability, and provision of referral services, as needed.

Effectiveness of Services

Program effectiveness of EPSDT is determined by early screening of children in need of diagnosis and treatment, and the timely response of services to intervene where necessary. Areas such as transportation and lack of special services hinder the necessary expansion that this program requires.

The rural regions have limited access to therapy services that are critical to the treatment phase of this program. Organized transportation to these services must be developed to meet population demands, particularly in rural Virginia.

Documentation

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Optional Services

Program Overview

Administering Agency: Department of Medical Assistance Services (DMAS)

Enabling Legislation: P.L. 97-35

Mission of Program

Please see the General Medicaid Overview on page 34.

Eligibility for Services

Recipients are eligible either as categorically needy or medically needy. Categorically needy includes SSI and Aid to Dependent Children (ADC) eligible. Medically needy must meet income and resource requirements within the necessary limits. Optional services are a means to expand Medicaid coverage beyond what is required under federal law.

Scope of Services

Within the Medicaid program each state has the opportunity to provide a variety of additional optional services to eligible participants. Among the optional services covered in Virginia are: podiatry, optometry, dental, physical therapy, speech and hearing, and occupational therapy. Home health services and clinic related services are also covered.

Extent of Services

Among those identified as permanently and totally disabled on Medicaid reports for FY 1989, there were 2,655 claims for dental visits, 5,731 claims for other practitioner services such as podiatry, and 2,319 claims for home health services.

Effectiveness of Services

With Medicaid covering some optional services, these services become accessible to the Medicaid population and allow for an improvement or stabilization of health status. Optional services that are currently under review for Medicaid coverage include substance abuse and day habilitation.

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Mental Health Programs

Virginia Community Support Program (CSP)

Program Overview

Administering Agency:	Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)
Enabling Legislation:	Public Health Service Act, Section 520 (a)

Mission of Program

The Virginia Community Support Program (CSP) was initiated in 1984. The purpose of the CSP is to assist the Department of Mental Health, Mental Retardation and Substance Abuse Services in improving services and opportunities for persons with long-term mental illness. The CSP complements on-going Department initiatives, including:

1) performance contracting with Community Services Boards (CSBs) for given levels of core services;

2) enhancing Client Management by CSBs for clients while they are in the community or receiving inpatient services;

3) priority focus on housing, case management, and psychosocial rehabilitation services for the target population;

4) a major infusion of funds to increase community support services provided by the CSBs; and

5) improved program evaluation of community-based programs.

Scope of Services

During the 1987-1988 grant period, funds were received from the National Institute of Mental Health, Community Service Systems Branch to accomplish three goals:

1) develop a State Profile on services utilization and gaps related to persons with long-term mental illness;

2) provide support to the primary consumer network; and

3) participate in the National Institute of Mental Health (NIMH) CSP network.

For the 1988-1989 grant period, these goals will be continued. In addition, a fourth goal was added, namely, to hold a Statewide Community Support System Conference, and provide support to statewide conferences by Virginia Alliance for the Mentally Ill (VAMI) and Virginia's chapter of the International Association for Psychosocial Rehabilitative Services (IAPSRES).

Extent of Services

State Profile. The State Profile is being developed to augment existing data sources related to long-term mental illness. A Participatory Planning Group was established which included representation from consumers, VAMI, Virginia IAPSRS, the Virginia Association of Community Services Boards, the Mental Health Association of Virginia, the DMHMRSAS Offices of Planning, Quality Assurance, CSB/Facility Liaison, and Mental Health. This group assisted with methodology for the study and development of the data collection tool. Graduate level students with backgrounds in mental health were hired as data collectors. CSBs were given the option of collecting data themselves or using the CSP data collectors. Data collection began in May, 1988 and continued until July, 1988. A final report on the State Profile is forthcoming.

Support to Primary Consumer Network. Since 1984 the Virginia CSP has been working to support consumer participation in the mental health system. This support has included staff support in the development and maintenance of a network of 5 regional consumer groups, grant support to those groups, and funding for travel to a range of local, state, and national meetings and conferences.

During 1986-1987, $8,000 was provided to each of the 5 regional consumer groups. Use of funds varied among groups but generally the money was expended for travel, meetings, regional conferences/retreats, and sending representatives to national consumer meetings.

In addition to funds granted for the regional consumer groups, the CSP has maintained a fund to assist consumer travel and participation in conferences, seminars, and other meetings. This fund is frequently used to match the regional consumer group funds, or to fund individuals who are not active in those groups.

Participation in NIMH CSP Network. The Virginia CSP staff are active participants in the NIMH CSP network. Both the Director and Assistant Director participate in Project Directors' meetings, and have been active on the housing, minority concerns, training, and elderly work programs. Virginia CSP staff regularly attend and frequently present at the Learning Community Conferences and the Regional CSS Conferences. The CSP also provides on-going support and consultation to other state CSP offices and maintains communication with a number of them.

Effectiveness of Services

Information was not available to document the effectiveness of this program.

Documentation

Personal Communication. Sarah Farrell, June, 1989.

Virginia Community Support Program. (1988). Reauthorization request. Richmond: Department of Mental Health, Mental Retardation and Substance Abuse Services.

Contact: Department of Mental Health, Mental Retardation
and Substance Abuse Services
P.O. Box 1797
Richmond, VA 23214

Telephone: (804) 786-2991

Virginia Child and Adolescent Service System Program (CASSP)

Program Overview

Administering Agency:	Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)
Enabling Legislation:	Section 520 A of the Public Health Service Act

Mission of Program

The major purpose of CASSP is to enable Virginia to strategically address some of its critical barriers to an effective continuum of services for children and adolescents who are seriously emotionally disturbed, and their families. Its primary goals are to:

1. Identify and empower constituencies of advocates, providers, and families/consumers to promote and guide state level system development for children and adolescents.
2. Increase constituency group knowledge of critical issues, needs, and trends in system building for children and adolescents who are seriously emotionally disturbed and their families.
3. Facilitate regional/local constituency building.
4. Evaluate and disseminate information on successful approaches to constituency building for system development. Provide information on successful child mental health programs for use in advocating for system development.
5. Encourage the development of strong parent/family support networks and minority participation in these networks as a key element of the system.

Eligibility for Services

CASSP does not provide direct services to individuals with developmental disabilities. Instead, funding is directed toward service system development programs. Children ages 0-18 who are seriously emotionally disturbed, or at risk for being seriously emotionally disturbed, are the target population.

Scope of Services

In its first three-year grant period, the CASSP has accomplished the following:

1. Six new Local Interagency Service Projects (LISPS) were implemented and received technical assistance. The projects were funded by an interagency budget appropriation.

2. An innovative training curriculum was developed and implemented to ensure that the new projects were guided by state-of-the-art knowledge in four targeted services: Therapeutic case management, intensive in-home services, individualized residential services, and day treatment services.

3. CASSP provided technical assistance to the statewide parent organization, Parents and Children Coping Together (PACCT), in the implementation of one of five national demonstration grants from the Portland Research and Training Center.

4. CASSP provided technical assistance and mini-grants to new local parent support groups to encourage their development.

5. Virginia parents and CASSP staff helped plan and participated in the conference, "Next Steps: A National Family Agenda for Children Who Have Emotional Disorders."

6. CASSP is assisting a statewide network of advocacy and parent groups to prepare a legislative agenda for the 1990 legislative session.

7. CASSP assisted with the refinement of child and adolescent sections of the Mental Health Plan that was developed as mandated by P.L. 99-660.

For FY 1990, goals of the project are to:

1. Identify and empower constituencies of advocates, parents, families, consumers, and providers to promote and guide state level system development for children and adolescents.

2. Promote interagency coordination in the planning, funding and delivery of services to children and adolescents who are seriously emotionally disturbed.

3. Develop a responsive service system for children who are seriously emotionally disturbed which includes an array of services necessary to meet complex service needs of this population effectively. The system should also ensure minority access to services.

4. Encourage the development of local services that prevent homelessness of children and families and ameliorate the effects of homelessness on children and families.

5. Provide training to Community Services Boards and LISPS to ensure that community-based service development and implementation are guided by state-of-the-art knowledge.

Extent of Services

Funding levels for CASSP are presented below. For other outcomes related to CASSP activities, see Scope of Services above.

Fiscal Year	Funding Levels
1987	$101,000
1988	79,200
1989	81,200
1990	186,300 (requested)

Effectiveness of Services

Information was not available to document the effectiveness of this program.

Documentation

Virginia Child and Adolescent Service System Program. (1989). Semiannual Virginia CASSP summary. Richmond: Department of Mental Health, Mental Retardation and Substance Abuse Services.

Contact: Department of Mental Health, Mental Retardation and Substance Abuse Services
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Richmond, VA 23214

Telephone: (804) 786-2991

Alcohol, Drug Abuse and Mental Health Services Block Grant Program (ADMS)

Program Overview

Administering Agency:	Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)
Enabling Legislation:	Title XIX, Part B of the Public Health Services Act, as amended by P.L. 100-690, and Title XIX of the Omnibus Budget Reconciliation Act of 1981

Mission of Program

The purpose of the ADMS Block Grant Program is to support new or existing community based mental health and substance abuse services (for example, emergency care, outpatient, case management, day support, residential and prevention/early intervention). The development of a statewide system of core services is a primary goal of DMHMRSAS. ADMS Block Grant funds are treated as one of several revenue sources allocated by DMHMRSAS to Community Services Boards (CSBs) under their funding allocation system. ADMS funds represented 3.4% of mental health, and 18.3% of substance abuse total dollars (including local funds for service, fees, and other resources) available in FY 1989 for CSBs.

Eligibility for Services

Individual CSB programs/services establish specific eligibility criteria based on their mission and purpose and the particular program design or service modality employed to provide services. There are no income-based eligibility criteria, so clients cannot be denied services because of inability to pay. The Department establishes or promulgates priority populations, usually in terms of severity, for each disability area for the CSBs' guidance in planning and program development. These priority populations include: (a) persons who are long-term/seriously mentally ill, (b) children and adolescents who are mentally ill, (c) women and children with substance abuse problems and (d) I.V. drug abusers. These priorities are consistent with federal requirements.

Scope of Services

For mental health services, the major goals of the ADMS Block Grant Program are:

1. To provide federal block grant funds to eligible community mental health centers for the purpose of insuring the delivery of basic core services.

2. To continue to document the quality of programs receiving block grant resources.

3. To allocate federal block grant funds to CSBs for community support programs to assist in reducing the census in the large mental hospitals. In addition, funds are allocated for the development of core services in emergency, case management, residential, and day support capacity in underserved areas.

4. To ensure the provision of services to clients that are consistent with the federal definition of a comprehensive community mental health center.

5. To maintain new services for children and adolescents who are seriously emotionally disturbed, consistent with requirements of P.L. 98-509.

For substance abuse services, the goals of the ADMS Block Grant Program are:

1. To provide federal block grant funding for the operation of substance abuse services for citizens who are in need of community substance abuse care.

2. To continue to document the quality of substance abuse programs receiving block grant resources.

3. To maintain services for women substance abusers, consistent with the requirements of P.L. 100-690.

4. To identify and target communities with the highest prevalence of substance abuse and the greatest need for treatment services.

5. To develop a revolving loan program of at least $100,000 to support the acquisition of group living arrangements for substance abusers who are completing the treatment process and preparing for independent, drug free living.

Extent of Services

The federal FY 1988 block grant award was $8,229,000. Virginia's estimated award for FY 1989 is $14,757,000. Of this total, DMHMRSAS projects that $3,785,295 (25.65%) will be allocated for mental health services and $10,971,705 (74.35%) for substance abuse services. The projected award represents 9% of the estimated $170 million total budget for community mental health, drug abuse, and alcoholism services for state FY 1990.

During FY 1987, 60,169 persons received community alcoholism and substance abuse services in Virginia, of whom most were white (64%) and male (67%). Approximately 14% of the clients were under 18 years of age. A breakout of this total by services is provided in Attachment A. Estimates of the number of persons who are chronically mentally ill receiving services in 1987 exceeds 18,000. However, the total number of persons with moderate or severe impairments is estimated to be between 48,500 and 75,200. Additionally, DMHMRSAS estimates that 196,786 children and adolescents up to age 18 suffer some form of general mental health problem.

Attachments B and C contain tables of allocations to CSBs from FY 1988 and anticipated allocations for 1989 for mental health services and substance abuse services, respectively. These award amounts are subcategorized by program priority (i.e., community mental health centers, census reduction, and services for children).

Documentation

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. (1989, April). Alcohol, drug abuse and mental health block grant application and report on proposed uses of funds in federal fiscal year 1989. Richmond: Author.

Contact: Department of Mental Health, Mental Retardation
and Substance Abuse Services
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Attachment A

CLIENTS SERVED IN SUBSTANCE ABUSE PROGRAMS

Emergency Services	9,919	clients served
Early Intervention Services	6,883	clients served
Acute Intensive Services	393	admissions
Outpatient/Case Management	21,954	admissions
Day Treatment Programs	1,005	admissions
Psychosocial Rehabilitation	121	admissions
Intensive Treatment/Training	6,735	admissions
Primary Care	1,770	admissions
Therapeutic Community	448	admissions
Supervised/Supportive Living	473	admissions
Group Homes	262	admissions

Although there were 33,331 admissions to treatment, 60,169 individuals received some form of substance abuse services during the 1987 fiscal year.

Attachment B

BLOCK GRANT MENTAL HEALTH FUNDS

Block Grant Funds Allocated to CMHCs and Census Reduction Programs State FY 1988

CMHC	FY 88 Obligation	FY 87 Award	FY 88 Award
Alexandria	610,975	203,658	407,317
Rappahannock-Rapidan	310,563	103,520	207,043
Region Ten	119,547	39,848	79,699
Fairfax	1,311,902	437,300	874,602
Roanoke	306,373	102,122	204,251
Sub-Total	$2,659,360	$ 886,448	$1,772,912
Census Reduction			
Mt. Rogers	71,797	23,932	47,865
Arlington	30,065	10,020	20,045
Prince William	46,099	15,366	30,733
Highlands	119,357	39,784	79,573
Hampton	74,375	24,790	49,585
Chesterfield	39,231	13,076	26,155
New River Valley	104,773	34,924	69,849
Henrico	24,853	8,284	16,569
Valley	50,108	16,702	33,406
Hanover	23,861	7,952	15,909
Sub-Total	$ 584,519	$ 194,830	$ 389,689
South Hampton Roads			
Norfolk	100,216	33,404	66,812
Portsmouth	95,444	31,814	63,630
Sub-Total	$ 195,660	$ 65,218	$ 130,442
Children			
Central Virginia	80,280	26,760	53,520
Chesapeake	61,370	20,456	40,914
Region Ten	80,280	26,760	53,520
Virginia Beach	79,211	26,402	52,809
Sub-Total	$ 301,141	$ 100,378	$ 200,763
Total	$3,740,680	$1,246,874	$2,493,806

Federal FY 1988 and 1989 ADM Projected Mental Health ADMS Block Grant Allocations for State FY 1989

CMHC	State FY 89 Obligation	Federal FY 88 Award	Federal FY 89 Award
Alexandria	570,651	176,902	393,749
Rappahannock-Rapidan	290,066	89,920	200,146
Region Ten	111,656	34,613	77,043
Fairfax	1,225,316	379,848	845,468
Roanoke	286,152*	88,707	197,445
Sub-Total	$2,483,841	$ 769,990	$1,713,851
Census Reduction			
Mt. Rogers	67,058	20,788	46,270
Arlington	28,081	8,705	19,376
Prince William	43,056	13,347	29,709
Highlands	111,479	34,558	76,921
Hampton	69,466	21,534	47,932
Chesterfield	36,642	11,359	25,283
New River Valley	97,858	30,336	67,522
Henrico	23,213	7,196	16,017
Valley	46,801	14,508	32,293
Hanover	22,286	6,909	15,377
Sub-Total	$ 545,940	$ 169,240	$ 376,700
South Hampton Roads			
Norfolk	93,602	29,017	64,585
Portsmouth	89,145	27,635	61,510
Sub-Total	$ 182,747	$ 56,652	$ 126,095
Children			
Central Virginia	74,982	23,244	51,738
Chesapeake	57,320	17,769	39,551
Region Ten	74,982	23,244	51,738
Virginia Beach	73,983	22,935	51,048
Sub-Total	$ 281,267	$ 87,192	$ 194,075
Total	$3,493,795	$1,083,074	$2,410,721
To be awarded July 1, 1989			1,374,574
Total Award			$3,785,295

*Includes $280,000 reserved for children's programs

Attachment C

BLOCK GRANT SUBSTANCE ABUSE FUNDS

Substance Abuse Projected Federal FY 1989 Funding for State FY 1990

CSB	Location	Total State 1990 & Federal FY 1989 Allocation	Projected Federal FY 1989 ADM for State FY 1990
Alexandria	Alexandria	$ 1,153,819	$ 400,790
Alleghany-Highlands	Clifton Forge	233,687	48,956
Arlington	Arlington	1,002,202	244,934
Central Virginia	Lynchburg	1,063,534	415,032
Chesapeake	Chesapeake	623,851	165,137
Chesterfield Co.	Chesterfield	657,749	148,412
Colonial	Williamsburg	735,217	93,895
Crossroads	Farmville	567,731	153,004
Cumberland Mountain	Cedar Bluff	697,803	137,342
Danville-Pitsylvania	Danville	654,109	154,759
Dickenson County	Clintwood	188,868	51,145
District 19	Petersburg	1,408,644	602,183
Eastern Shore	Nassawadox	341,345	73,278
Fairfax-Falls Church	Vienna	2,670,948	901,968
Goochland-Powhatan	Goochland	247,986	51,630
Hampton-Newport News	Hampton	2,148,822	467,683
Hanover County	Hanover	301,583	83,639
Harrisonburg-Rockingham	Harrisonburg	377,948	91,338
Henrico Area	Henrico	861,567	190,032
Highlands	Bristol	464,609	94,489
Loudoun County	Loudoun	362,846	73,836
MH Srvs. Roanoke Valley	Roanoke	1,867,558	769,641
Middle Pen.-Northern Neck	Saluda	619,160	147,054
Mr. Rogers	Wytheville	776,586	218,586
New River Valley	Radford	851,196	280,573
Norfolk	Norfolk	1,678,199	453,382
Northwestern	Winchester	888,155	232,481
Piedmont Regional	Martinsville	779,361	192,628
Planning District I	Big Stone Gap	592,188	116,334
Portsmouth	Portsmouth	1,402,572	460,398
Prince William	Prince William	847,859	182,328

CSB	Location	Total State 1990 & Federal FY 1989 Allocation	Projected Federal FY 1989 ADM for State FY 1990
Rappahannock Area	Fredericksburg	795,393	307,578
Rappahannock-Rapidan**	Culpeper	1,159,175	226,669
Region Ten	Charlottesville	850,415	192,413
Richmond	Richmond	2,957,970	1,615,658
Rockbridge Area	Lexington	217,785	56,292
Southside	South Boston	454,569	105,826
Valley**	Waynesboro	763,844	158,078
Virginia Beach	Virginia Beach	1,127,574	245,087
Western Tidewater	Suffolk	631,646	133,149
TOTAL		$36,026,073*	$10,740,637
Perinatal Unit at Medical College of Virginia			$ 65,000
Department Administration			166,068***
			$10,971,705

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* This projected allocation includes a 7.5% maintenance increase in state general funds and includes 1990 new community initiative funds allocated on the basis of the CSB allocation formulas.

** Regional programs serving all HSA I CSBs.

*** Department Administration includes: $15,000 for audit costs, $65,000 for a position to monitor the programs, and $86,068 for prevention service contracts.

Office of Human Development Programs

Head Start Program

Program Overview

Administering Agency:	Office of Human Development Services, Washington, D.C.
Enabling Legislation:	Community Services Act of 1974, as amended

Mission of Program

Head Start programs provide education, medical, dental, nutrition, mental health, and social services to preschool children. Parent involvement is stressed and services are individualized based on the child's and family's needs. In addition, Head Start advocates the integration of children with mental and physical disabilities into their programs, believing that mainstreaming encourages children to develop healthy attitudes about themselves and others. Programs are developed to help each child maximize their potential.

Head Start's main office is in Washington D.C. Ten regional offices exist throughout the United States to assist individual programs in the states they serve. Since Head Start is primarily federally directed and funded, program services are fairly uniform throughout the country.

Eligibility for Services

Eligibility is based on a child's age and family income. Children must be between the ages of 3 and 5, and at least 90% of the children must come from low income families or families receiving public assistance. Children with handicapping conditions must meet these same eligibility conditions. Children with handicaps who are eligible for services are defined as mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired, and children with specific learning disabilities who by reason thereof require special education and related services. No child can be denied admission to a Head Start program based solely on the nature or extent of a handicapping condition. In addition, 10% of the class positions must be available for eligible children with handicaps.

Scope of Services

Head Start programs provide a variety of services to benefit children with disabilities. They work with agencies in the community to locate and recruit eligible children whose parents would like their child involved in the program. Each prospective child undergoes an assessment, screening, and diagnostic process by qualified professionals to determine the presence of a handicapping condition, and/or need for special education services. Children with minimal handicapping conditions that do not require special services are distinguished from those children who do require special education as a result of their disability. Preschoolers with handicaps are mainstreamed into the Head Start program with nonhandicapped peers and are provided the same range of comprehensive services available to all children. Program options include a standard five day center-based program, a home-based option (involving weekly visitations and monthly group activities for parents and children), and a variation on attendance at a center-based program.

Head Start collaborates with other agencies to coordinate efforts and maximize resources and services. Regional offices in turn work with each Head Start program to assist in determining enrollment targets, improving recruitment strategies, developing plans for providing services, and coordinating activities with other community resources.

Extent of Services

Virginia Head Start programs serve approximately 7,000 children each year with approximately 1,000 of these children professionally diagnosed as handicapped. Speech and language delays are the most prevalent and account for 60-70% of the disabilities. Over time many of the children in this category are reassessed and classified as mentally retarded. Others are found to possess language skills which no longer qualify them as speech and language impaired. A complete breakdown of the primary handicapping conditions and incidence rates of disabilities served by Virginia programs is shown in Table 1.

Federal grants to each state account for 80% of each program's fiscal expenditures. The other 20% must be provided through local funds. Money is allocated to each program based on the number of children it serves. An average of $3000 to $3040 is spent on each child's education. In addition, 17.2 million dollars is distributed throughout the state to cover training, special funds, and services for children who are handicapped. Programs are encouraged to keep a waiting list which encompasses 70% of their funded level. Waiting lists vary at each program location.

Effectiveness of Services

It is difficult to assess the Head Start program in Virginia because of its organizational structure. Each locality in the Commonwealth operating a program deals directly with the regional office located in Philadelphia, PA. There is no state agency responsible for monitoring Head Start activities. Therefore, information obtained for this program description is based on materials developed for national reporting purposes.

In the Head Start Synthesis Project Report it was found that children who attended Head Start and programs like Head Start are more likely to complete high school, less likely to be retained in grade or require special education services, are absent from school less, and have fewer problems with the law as juveniles. Participants are also less likely to require public assistance as an adult.

The program is currently working on improving the quality of teacher preparation programs and developing theoretically sound curricula. In addition it is noted that half of all Head Start programs in the country are unable to enroll all of the children with handicaps referred to them. The primary reasons for this are that the children do not meet the age criterion, other agencies are already providing these services, or there are no available openings in the program. Nationally however, there is a trend toward increasing the overall number of children served by Head Start. The program is working to expand their total enrollment by 90,000 children.

Documentation

Personal Communication. Paul Vicinanza, August 31, 1989.

U.S. Department of Health and Human Services. (1987). The status of handicapped children in Head Start programs. Washington, D.C.: Office of Human Development Services, Administration for Children, Youth and Families, Head Start Bureau.

Contact: Department of Health and Human Services
Head Start Programs
P.O. Box 13716
Philadelphia, PA 19101

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Table 1

Children with Handicaps Served in Virginia Head Start Programs (June 1988)

Number of Children	Primary Handicapping Condition
1	Blind
0	Deaf
16	Significant Visual Impairment
16	Significant Hearing Impairment
33	Physically Handicapped
705	Speech and Language Impaired
118	Health Impairment
19	Mental Retardation
23	Seriously Emotionally Disturbed
54	Specific Learning Disabilities

Foster Care

Program Overview

Administering Agency: Department of Social Services, Division of Service Programs, Bureau of Child Welfare Services

Enabling Legislation: Title IV of the Social Security Act

Mission of Program

The goal of foster care is to maintain family unity and keep children in their own homes. Foster care is intended to be a temporary, rather than a long term solution to family problems. Foster care is the provision of services or substitute care/supervision for a child:

1. who has been identified as needing services to prevent or eliminate the need for foster care placement;
2. who has been committed or entrusted to a local board of public welfare or child welfare agency; or
3. for whom the board or child welfare agency has accepted supervision, in a temporary living situation until the child can return to his or her family, or be placed in a permanent foster care placement or in an adoptive home.

Eligibility for Services

There are 2 streams of funding for foster care: Title IV E and state local funds. Under Title IV E, children are eligible for foster care up to age 18, unless they are regularly attending a secondary or vocational and technical training school and will graduate prior to age 19. In these specific cases, individuals may continue to receive services until age 21. Title IV E is federally funded and accounts for one-third of the foster care placements. The rest o the placements are covered by state and local funds. Children are eligible to receive services under this funding until age 21. Children enter foster care through court commitment or by an entrustment agreement between the local social services agency and the parent(s). Placement may be a result of abuse or neglect, delinquency, or the request of parent(s) to be relieved of care and custody.

Scope of Services

Foster care provides services to both children and their families. These include:

- Counseling/Treatment
- Day Care

- Medical Service
- Education Related Services
- Employment Services
- Family Planning Services
- Family Services
- Independent Living Services
- Housing
- Legal Services
- Socialization/Recreation Services

Possible foster care placements include family homes, child caring institutions, residential facilities, group homes, or independent living arrangements. Ideally, placements are made in the most suitable family-like setting available. The ultimate program goal is to return children to their own homes. When this is not possible, another permanent placement must be found. The next most appropriate placement is with relatives followed by adoption and permanent foster care. Children must be at least 12 years of age in order to qualify for permanent foster care.

Foster care services are similar across the country, however their administration may vary. Virginia is a state supervised, locally administered system. In other states, services may be directly provided by the state at the regional level, through private contracts, or by each county.

Extent of Services

In 1988, there were 5,863 children served by foster care. Data on specific numbers and types of services provided to individuals who are developmentally disabled is unknown.

Effectiveness of Services

There is currently no data available on the effectiveness of foster care programs. Several needs however, have been documented in the Child Welfare Services Plan. These include:

- Placement resources and services for older children
- More specialized services for dually diagnosed individuals and those with the HIV virus
- More efforts toward recruiting and retaining foster parents
- Increased foster parent payment rates
- Respite care for foster parents
- More emphasis on prevention.

In the past year, several efforts have been made to develop these areas. Ongoing projects include the following:

1. Foster care is now under contract with Virginia Commonwealth University to plan and develop statewide

media recruitment of children.

2. Last year's General Assembly appropriated $180,000 for 3 pilot respite care projects. This funding will extend through June 30, 1990.

3. Allocations have been awarded to local agencies to prevent family breakup, and hopefully reduce the number of children requiring foster care services.

Documentation

Virginia Department of Social Services (1989, September). Child welfare services plan for the state of Virginia: October 1, 1989 to September 30, 1992. Richmond: Bureau of Child Welfare Services.

Virginia Department of Social Services (1989, January). Foster care for children in Virginia. Richmond: Bureau of Child Welfare Services.

Contact: Department of Social Services
Bureau of Child Welfare Services
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Adoption Services

Program Overview

Administering Agency: Department of Social Services,
Division of Service Programs,
Bureau of Child Welfare Services

Enabling Legislation: Title IV of the Social Security Act

Mission of Program

Adoption Services strive to provide placements in the child's home community, and in an environment that promotes family stability and enables the child to become as self-sufficient and self-supporting as possible.

Eligibility for Services

Children in the Commonwealth's Foster Care Program, who are legally free, are targeted for Adoption Services. State policy requires that a child must be registered with the State Adoption Exchange once they become free for adoption, unless there is a potential placement within the child's home community.

Scope of Services

Many states administer their adoption programs on the state level. Virginia's program, however, is state supervised and locally administered. The state supervises policy, guidelines, and training. Adoption Services also contracts for services with private agencies to supplement local programs. Services provided at both the state and local level include recruitment, placement, follow-up, education and public awareness, and networking with other agencies. Brochures and newsletters are disseminated through public awareness and education services.

Extent of Services

Services provided at the state level are completely state funded, whereas local services combine local, state, and federal dollars. Local operating budgets vary from program to program.

Effectiveness of Services

An effectiveness study on Adoption Services is not available, however it is felt that the program has experienced a high success rate in placing children with developmental disabilities. Adoption Services would like to continue to identify and link with other organizations providing services to children who are developmentally disabled. There is also a need to increase post-adoption services so that placements will experience long-term success.

Documentation

Personal Communication, Lynn Edwards, October 13, 1989.

Contact: Department of Social Services
Bureau of Child Welfare Services
8007 Discovery Drive
Richmond, VA 23288

Telephone: (804) 662-9433

Older Americans Act

Program Overview

Administering Agency: Department for the Aging

Enabling Legislation: P.L. 89-73, as amended

Mission of Program

The mission of the program is to provide services for the physical and mental well being of elderly individuals. Priorities of the program are amended to help meet the changing needs of older Americans.

Eligibility for Services

Programs are open to all older Americans 60 years or older. The focus of assistance is on those individuals who are in the greatest social and economic need. Typically the fragile, minority populations, and individuals with low incomes are the primary target populations. In Virginia, local Area Agencies on Aging conduct a needs assessment to identify those individuals in greatest need of assistance. As a result, some individuals may end up on a waiting list to receive services.

Scope of Services

There are a range of services provided through this legislation. Examples of services include housekeeping and personal care services, meals, transportation, legal assistance, employment, and other services designed to promote the independence of older Virginians. Individuals receiving services are generally alone without a support network of family or friends to assist them.

Extent of Services

The extent of services as it impacts on older individuals who are developmentally disabled cannot be determined. The data gathered on individuals receiving services do not include disability related information. The data collected give demographic information on age, sex and minority status. The needs assessments conducted on the local level look at the current living situation of an older person to determine the type of services required.

Effectiveness of Services

Each Area Agency on Aging evaluates clients on an individual basis to determine the effectiveness of the services and programs which are being provided. Area

Agencies on Aging also document the level of "unmet need" which exists in their community. This unmet need reflects the demand for services which the Agency as well as other local service agencies, are unable to meet.

Additionally, the Virginia Department for the Aging monitors those services and programs provided by the Area Agencies on Aging which are mandated by the federal Older Americans Act and the Department. This monitoring helps to assure that quality services are being provided to older Virginians.

Finally, the Department for the Aging has received a grant from the Board for Rights of the Disabled to conduct a survey of the aged and aging developmentally disabled population in Virginia. The project will provide key information to state and local policy makers and intends to foster efficient coordination practices between aging and developmental disability networks.

Documentation

Personal Communication. William Peterson, May, 1989.

Personal Communication. Joan Wood, October, 1989.

Contact: Department for the Aging
700 East Franklin Street, 10th Floor
Richmond, VA 23219-2327

Telephone: (804) 225-2271
(804) 225-2271 (TDD)

Social Services Block Grant

Program Overview

Administering Agency: Department of Social Services

Enabling Legislation: Title XX of the National Social Security Act

Mission of Program

There are five main goals which direct the service delivery activities provided through this block grant. These goals are: self-support; self-sufficiency; protection of children and adults; community/home based care; and institutional care.

Eligibility for Services

There are three primary categories of service eligibility. The first is universal access. Services are available to all individuals without regard to income. The second category is income maintenance. Services are available to individuals who receive federal income maintenance of either Aid to Dependent Children (ADC) or Supplemental Security Income (SSI). The last category is income eligible. Services are available to persons whose annual income falls below a set percentage of the median income. Local policy may restrict eligibility in this category.

Service provision may be limited to certain groups by serving only those individuals with the greatest need for the service. When limiting services based on need, local agencies must provide assurances that the needs are being uniformly assessed by an assessment form or tool that will be utilized to evaluate and document need for everyone requesting a service.

Scope of Services

In Virginia, services funded by the Social Services Block Grant are provided through the 124 local welfare/social service agencies. These agencies are allocated a certain amount of federal funds which are used to either deliver a service directly by the local welfare/social service agency or to purchase a service from another agency.

Services provided under this block grant are divided into several categories. The categories include direct services, mandated direct services, purchased services, and mandated purchased services. A complete listing of the specific services available in each category can be seen in Attachment A. Local social service agencies must provide the appropriate mandated services to eligible individuals.

However, the extent that purchased services are used depends on the availability of resources and the priority service needs identified by local social service agencies.

Individuals with developmental disabilities are eligible to receive a variety of services through the block grant. However, there are some purchased services which are specifically designed for persons with a disability. These services are:

1. Developmental Day Care Programs for Adults--These programs provide instruction and training for adults who are mentally retarded or developmentally disabled (age 18 and older), to help these individuals function more independently. Transportation and registration fees are components of this service.

2. Developmental Day Care Programs for Children--These programs provide stimulation, education, recreation, and socialization for children who are mentally retarded, developmentally disabled, deaf, blind, or deaf-blind (ages two through seventeen). Such programs may be provided outside of the usual school hours and/or during the summer. Transportation and registration fees are also service components.

3. Services to Individuals with Specific Disabilities--This program area includes the purchase of coordinated and comprehensive services for persons with autism, cerebral palsy, epilepsy, mental retardation, deafness or blindness. Components of this program area are respite care; infant stimulation and parent training; training to maximize independence; and child stimulation and parent training. Room and board may be included as services.

In previous years, purchase of service agreements between the State Department of Social Services and other state agencies have been initiated. State level agreements have been established with such agencies as the Department for the Deaf and Hard of Hearing, Department of Mental Health, Mental Retardation and Substance Abuse Services, Department of Rehabilitative Services and Department of the Visually Handicapped. During the 1988 session, the Virginia General Assembly expressed its intent that beginning in 1989/90, state level agreements will be eliminated to maximize funding for the local social service agencies.

Extent of Services

It is difficult to determine how many individuals with developmental disabilities have received services and the type of services provided. Data collected on the services provided by local agencies do not indicate whether or not the person receiving a service has a disability.

Under the category of purchased services, some services provided by a local social service agency are specifically designed for persons with disabilities. Therefore, the information discussed here reflects the dollars spent by local agencies in categories which are clearly designated for persons with disabilities. Table 1 provides a breakdown of the planned and actual expenditures by local agencies.

The actual program expenditures for services have decreased over the past two years as a result of the increased cost of mandated services and a lack of increase in funds from the federal government. The lack of actual expenditures for developmental day care services for children is based on decisions made by local agencies. The decision to purchase this service can depend on the availability of funds after mandated services are provided and/or the extent of need for the service as determined by the local social service office. Currently, there are an estimated two to three local agencies purchasing developmental day care services for children. This accounts for the relatively low amounts of funds listed in the planned expenditures column in Table 1.

Effectiveness of Services

The intent of Virginia's Social Services Block Grant is to offer local welfare/social service offices maximum flexibility in determining the type of services provided to an individual. However, with the decrease in federal funds available for this program, the flexibility on the local level has become limited. As the dollar amounts indicate in Tables 1 on program expenditures, there has been a definite drop in the amount of funds available for these purchased services.

This is not to say that persons with developmental disabilities are only served through the programs highlighted in Table 1. The Social Services Block Grant is not designed to specifically serve persons with disabilities, however these individuals are eligible to receive services if seeking assistance through their local social service office. The data collected by the state do not record enough demographic information to determine how many individuals with disabilities have been served outside of the programs specifically designed for them. The Department of Social Services is aware of the need to collect more detailed information on the number of individuals served and the extent of services received. The Department is moving in the direction of updating their system enabling them to gather more specific data.

It is difficult to assess the quality of services, especially to persons with disabilities, since each local agency determines the scope of services it can offer. There is no uniformity of services across social service agencies, except for certain mandated services. The availability of funds also affects the extent of services provided.

Therefore, the range of services provided to persons with developmental disabilities can widely vary depending on the locality where the person resides.

Documentation

Personal Communication. Peggy Smith, May, 1989.

Virginia Department of Social Services. (1988, April). *Comprehensive social services plan: July 1, 1988-June 30, 1989*. Richmond: Author.

Virginia Department of Social Services. (1988, June). *Changes to the comprehensive social services plan: July 1, 1988-June 30, 1989*. Richmond: Author.

Virginia Department of Social Services. (1987, April). *Social services block grant pre-expenditure report (plan): July 1, 1987-June 30, 1988*. Richmond: Author.

Virginia Department of Social Services. (1987, July). *Changes to the social services block grant pre-expenditure report (plan): July 1, 1987-June 30, 1988*. Richmond: Author.

Contact: Department of Social Services
8007 Discovery Drive
Richmond, VA 23229

Telephone: (804) 662-7093

Table 1

Planned and Actual Expenditures for Services Purchased for Persons with Disabilities

Year	Service	Planned Expenditures	Actual Expenditures
1984-1985	Developmental Day Programs/Adults	219,121	220,011
	Developmental Day Care/Children	3,010	0
	Services to Specified Disabled Individuals	111,235	78,256
1985-1986	Developmental Day Care/Adults	87,395	172,781
	Developmental Day Care/Children	5,230	0
	Services to Specified Disabled Individuals	87,601	49,210
1986-1987	Developmental Day Care/Adults	139,113	168,774
	Developmental Day Care/Children	1,526	0
	Services to Specified Disabled Individuals	39,004	28,680
1987-1988	Developmental Day Programs/Adults	105,824	85,776
	Developmental Day Programs/Children	500	0
	Services to Specified Disabled Individuals	17,809	19,444
1988-1989	Developmental Day Care/Adults	65,610	31,465
	Developmental Day Care/Children	200	0
	Services to Specified Disabled Individuals	16,724	9,174

Attachment A

DIRECT SERVICES

Intake Services

Intake Services provide an initial access point to services of the agency and an immediate response to crises which threaten the welfare, health, or safety of individuals. These include information and referral, initial screening and assessment and such brief components as crisis intervention and assistance with emergency needs.

Adult Services

Adult Services are provided to impaired persons eighteen years of age and over, persons sixty years of age and over, and to their families, where appropriate. The scope of these services is intended to maximize self-sufficiency; to prevent abuse, neglect, and exploitation; to prevent, delay, and/or reduce inappropriate institutionalization; and/or to assist, when necessary, with appropriate placement. If appropriate and available, adult services may include provision of or arranging for social casework and group work, home-based care, transportation, sheltered employment, day care, meal service, legal proceedings, placement and other activities to aid the adult.

Family Services

Family Services are provided to individuals and families to prevent family violence, child neglect, family breakdown, including removal of the child, and other crises and to strengthen the capacity of the family to function independently. These services may include social casework and group work, assistance in homemaking, parenting aid and education, day and residential respite care, transportation, legal proceedings and other activities to support families. This service also includes independent adoptions and court activities.

Adult Protective Services

Adult Protective Services consist of the identification, receipt, and investigation of complaints and reports of adult abuse, and exploitation for incapacitated persons eighteen years of age and over and persons sixty years of age and over. This service also includes the provision of social casework and group work in an attempt to stabilize the situation. If apprpriate and available, Adult Protective Services may include the provision of or arranging for home-based care, transportation, sheltered employment, day care, meal service, legal proceedings, placement, and other activities to protect the adult.

Child Protective Services

Child Protective Services consist of the identification, receipt and immediate investigation of complaints and reports of child abuse and neglect for children under eighteen years of age. It includes an immediate response on a 24-hour a day basis to a complaint of child abuse or neglect by investigating, assessing, and validating the complaint; and documenting, arranging for, and/or providing immediate and ongoing intensive social casework and group work for the child, his family, and the alleged abuser. These services may also include assistance with homemaking, parent aid and education, respite day care, emergency shelter for the family and/or child, emergency medical care, transportation, legal proceedings and other activities to protect the child.

Foster Care and Adoption Services

This service provides a full range of casework and other treatment and community services for a child entrusted or committed to the local welfare board or for whom "aftercare supervision" has been delegated by the court. Included is the arranging for substitute care on a 24-hour a day basis. Such care may be in a family or group living arrangement or in a residential treatment facility or in an independent living situation. Day care, education-related services and other activities which maximize growth and development are also included. Services are provided to the biological family while working to return the child to the family. If reunification is not appropriate, the service may include the social and legal processes to terminate parental rights and assist the child in becoming a member of a new family unit through adoption. Services are also provided to the foster family and/or adopting family including ongoing counseling and support, training, and other pre- and post-placement services. Post-adoptive services may be included.

Employment Services

Employment Services are provided to the individual on a mandatory or voluntary basis to assist him/her in retaining, regaining, or securing employment. The services may include social casework and group work, education and training leading to employment, job search, work experience, and supportive services such as day care, transportation, medical/dental care and other activities necessary for employment. The Employment Services Program allocation should support ESP functions. Either the Social Service Block Grant or the ESP allocation can be used to support staff providing the supportive services such as day care or transportation.

MANDATED DIRECT SERVICES

The following direct services or components are mandated:

1. Intake Services--The direct activities related to informing and arranging for Early and Periodic Screening, Diagnosis and Treatment (EPSDT) and Family Planning Services for ADC recipients and certain Medicaid eligible individuals.

2. Adult Services--The direct activities associated with the provision of Home Based Care Services (either Chore, Companion, Homemaker).

3. Adult Protective Services--Receipt and investigation of reports and complaints; the determination of need; counseling; and the arranging for (without agency cost) alternative living, legal representation, guardian, or commitment; and health and psychological care.

4. Child Protective Services--Investigation, assessment, documentation of need, arrangement for services, counseling, and the removal of a child from his/her home.

5. Foster Care and Adoption--All aspects for children in agency custody.

6. Family Services--The direct activities related to informing and arranging for EPSDT and Family Planning Services; and services on behalf of children for whom adoption petitions have been filed independently.

7. Employment Services--The direct activities related to the provision of day care to children for ADC recipients who are employed or in education or training leading to employment (Title XX funding), and day care and transportation needed to require clients to participate in the Employment Services Program (Title XX or ESP funding).

PURCHASED SERVICES

Adult Protective Services

This includes the purchase of any service to stabilize the situation and/or prevent institutionalization in an Adult Protective Service Case, provided that the need is documented in the client's case record. The service may include the purchase of emergency shelter until more permanent arrangements can be made. This service may also include the purchase of items such as clothing, food, utilities, or rent when no other resources are available and a lack of these becomes life threatening or may result in institutionalization.

Child Protective Services

This includes the purchase of any service to stabilize the situation and prevent disruption of the family, provided that the need is documented in the case record. This service may include the purchase of emergency shelter until more permanent arrangements can be made. It may also include the purchase of items such as clothing, food, utilities or rent when no other resources are available and a lack of these needs becomes life threatening or may result in institutionalization.

Counseling and Treatment

This includes the purchase of psychological, psychiatric, and therapeutic services not covered under Title XIX. Such services include evaluation and diagnosis of problems, development of treatment goals and strategies and counseling. Room and board may also be included.

Day Care for Adults

This includes the purchase of day care from approved providers for a portion of a 24-hour day. Day care includes personal supervision of the adult and promotes social, physical and emotional well-being through companionship, self-education, and satisfying leisure time activities.

Day Care for Children

This includes the purchase of care from approved providers for a portion of a 24-hour day. Day care may be provided to children whose parent/parent substitute is employed, in training for employment, temporarily ill or absent from the home. It may also provide protection for the child or opportunities for the child with special needs such as physical, mental or emotional problems. Transportation provided by the approved day care provider or a separate provider is a component. Registration and other fees may be paid when they are not a part of the day care rate. If funds in the Employment Services Program are insufficient to meet day care needs, then funds under Day Care for Children must be budgeted to support the Employment Services Program.

Developmental Day Programs for Adults

This includes the purchase of developmental day care from approved providers for a portion of a 24-hour day. These programs provide instruction and training for mentally retarded or developmentally disabled adults (age eighteen and older), to help the individual function more independently. Transportation and registration fees are components.

Developmental Day Programs for Children

This includes the purchase of developmental day care from approved providers for a portion of a 24-hour day. These programs provide stimulation, education, recreation, and socialization for mentally retarded/developmentally disabled, deaf, blind, deaf-blind children (ages two through seventeen). The purpose of the service is to help the child function more independently. Such programs may be provided outside of usual school hours and/or during the summer. Transportation and registration fees are components.

Drugs

This includes the purchase of counseling, medical/remedial services, pharmacological intervention, social, education, and rehabilitative services for drug-addicted individuals.

Education and Training

This includes the purchase of formal or functional education and training. It is directed toward improving individual knowledge and skills. This service includes education and training which has a guarantee of job placement or which is a requirement of employment.

Instruction through the baccalaureate degree level or functional education of adults may be purchased only when the service is not generally available through any public (State or local) education agency without cost and without regard to income.

Employment

This includes the purchase of activities which assist individuals in retaining, regaining or securing employment and acquiring training or education leading to employment. This includes vocational evaluation, vocational training, and supportive services for sheltered employees of a sheltered workshop. Room and board may also be included. If funds in the Employment Services Program are insufficient to meet transportation needs, then funds for transportation must be budgeted under Employment (Title XX) to support the Employment Services Program.

Family

This service, aimed at prevention, includes the purchase of any service to stabilize the situation and prevent disruption of the family, provided that the need is documented in the case record. This service may include the purchase of emergency shelter until more permanent arrangements can be made. It may also include the purchase of items such as clothing, food, utilities or rent when no other resources are available and a lack of these needs becomes life threatening or may result in institutionalization.

Family and Personal Adjustment Counseling

This includes the purchase of guidance, consultation, and problem solving in a helping professional relationship. It is related to family and personal adjustment problems, values clarification, personal effectiveness, and other areas of counseling exclusive of counseling related to other discrete services.

Family Planning

This includes the purchase of specific information, counseling, education and medical services to help an individual limit his/her family size or space his/her children. Medical services, if unavailable from Title XIX, include physical examinations, laboratory tests, provision of contraceptive devices, and sterilization services. Supportive services may include child care and transportation.

Foster Care for Adults

This includes the purchase of supervision and special services in an approved foster family home for an adult who has a physical/mental health condition or emotional/ behavioral problem. The adult must be incapable of independent living or unable to remain in his/her own home. The cost of room and board is not included.

Foster Care for Children

This includes the purchase of any appropriate services defined in the Social Services Block Grant Plan for a foster care child when the need is documented in the child's service plan. Rehabilitative/restorative and supportive services may also be purchased as needed for parents/prior custodians and foster parents on behalf of the child. This also includes services purchased for children in Title IV-E or state subsidized adoption. Title XX funding can be used for all adopted children formerly in foster care to purchase services related to pre-existing conditions.

Health Related

This includes the purchase of instruction and assistance in preventive/restorative health measures. It may also include home nursing services and physical, occupational or speech therapy.

Home Based

This includes the purchase of homemaker, companion, and/or chore services. Homemaker services for adults and families include the instruction and/or performance of activities such as personal care, home management, financial management, or child rearing by a person trained in homemaking skills who is an employee of an approved homemaker agency. Companion services are personal aid, housekeeping tasks, and/or supervision to an eligible adult who is unable to care for himself/herself without assistance. Chore services are the performance of home maintenance tasks and heavy housecleaning for an eligible adult who is unable to perform such tasks.

Housing

This includes the purchase of assistance to individuals and families in acquiring and/or maintaining safe, healthful, affordable housing and obtaining necessary household furnishings. This may include minor housing modifications and repairs when the client owns their home and special modifications for the deaf and blind.

Legal

This includes the purchase of legal assistance in civil matters to protect the client's rights and to prevent his/her exploitation. It does not include payment of a guardian or committee's fee.

Nutrition Related

This includes the purchase of instruction and education about daily nutritional needs and the purchase of home delivered meals and congregate meals.

Services to Specified Disabled Individuals

This includes the purchase of coordinated and comprehensive services which assist the autistic, cerebral palsied, epileptic, mentally retarded, deaf or blind individuals. Components of this service are respite care, infant stimulation and parent training, training to maximize independence, and child stimulation and parent training. Room and board may be included.

Socialization/Recreation

This includes the purchase of activities which provide opportunities for constructive social experiences and leisure time opportunities. This service is directed at improving individual functioning in personal and social communication, offering opportunities for self-expression, and minimizing isolation and monotony.

Transportation

This includes the purchase of conveyance to individuals to and from needed community resources and facilities. Travel to and from work or for medical care payable under Title XIX is not allowed under this service. Transportation in support of the Employment Services Program is covered under Employment Services.

MANDATED PURCHASED SERVICES

The following discrete purchased services or components are mandated:

1. Foster Care for Children--Any service that is available in the Title XX Plan and is necessary to meet the child's needs; those services needed after the final order of adoption for children receiving Title IV-E subsidies.

2. Child Protective Services--Emergency Shelter and Medical Remedial Care/Evaluation and Treatment components.

3. Home Based Services--Chore, Companion, or Homemaker if the agency does not have Homemakers on staff for the

delivery of the services directly; December 1973 recipients of OAA, AB, or APTD mandated to have their December, 1973, income maintained through Home Based Service Payments.

4. Day Care to Children--For ADC recipients who are employed or in education or training leading to employment.

Developmental Disabilities (DD) Basic State Grant Program

Program Overview

Administering Agency: Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), Developmental Disabilities Office

Enabling Legislation: P.L. 100-146, The Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987, Part B

Mission of Program

The purpose of the DD Basic State Grant Program in Virginia is to assure that persons substantially handicapped by developmental disabilities receive the treatment, care, programs, and services needed to thrive and attain an optimal level of independence. This can be achieved through the collective activities of public and private agencies and consumer organizations at the state and local levels.

Eligibility for Services

Virginia adheres to a strict interpretation of the federal definition of developmental disabilities. It is understood that the DD Basic State Grant Program must continually focus its attention and resources on the most severely handicapped groups. The definition stresses that a developmental disability is a severe and chronic condition beginning in childhood, which has a pervasive, substantial impact on a person's ability to function in society and results in a continuous, long-term need for a variety of coordinated services.

Scope of Services

The major goals of the DD Basic State Grant Program during federal year 1988 were:

1. to improve the capacity and effectiveness of the Board for Rights of the Disabled in performing its mandated responsibilities as the "State Planning Council" for the DD State Basic Grant Program, and
2. to utilize Developmental Disabilities Grant Projects to plan and initiate new programs and/or demonstrate innovative approaches which address federal priority areas or special initiatives to benefit the developmentally disabled as designated by the Board for Rights of the Disabled.

The DD Basic State Grant Program provides a forum and a mechanism to promote the availability of a full array of appropriate services for persons with developmental disabilities.

The preparation, submission, and implementation of any DD State Plan is a joint endeavor between the Board for Rights of the Disabled ("State Planning Council") and the Department of Mental Health, Mental Retardation and Substance Abuse Services ("Designated State Agency"). The Board for Rights of the Disabled is responsible to implement those objectives which relate to the "Council." The Department of Mental Health, Mental Retardation and Substance Abuse Services is responsible as the "State Agency" to implement the objectives which relate to Developmental Disabilities Grants. Attachment A provides a summary of proposed federal DD expenditures for federal year 1988. The expenditures reflect the range of areas covered by the DD Basic State Grant Program.

Extent of Services

During federal year 1988, approximately 30 projects have been funded. Approximately half of these involve direct services to clients with developmental disabilities or their family members. It is anticipated that at least 500 individuals will be served through these DD grant funded activities. The remaining projects involve planning, evaluation, systems advocacy, personnel training, and consumer empowerment activities which benefit developmentally disabled constituencies more indirectly.

Effectiveness of Services

The DD Basic State Grant Program works in close cooperation with the 2 other components of the federal DD Program in Virginia--the Developmental Disabilities Protection and Advocacy System operated by the Department for Rights of the Disabled and the Virginia Institute for Developmental Disabilities, a university affiliated program. Through the combined efforts of the DMHMRSAS Developmental Disabilities Office and the Board for Rights of the Disabled, the projects and activities funded through the Basic State Grant Program work to enhance the lives of Virginians with developmental disabilities.

Documentation

Developmental Disabilities Office. (1988, December). ADD annual program performance report for the developmental disabilities basic state grant program for federal year 1988. Richmond: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

Developmental Disabilities Office. (1989, August). Developmental disabilities two year transitional state plan for federal years 1990 and 1991. Richmond: Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services.

Contact: Department of Mental Health, Mental Retardation
and Substance Abuse Services
Developmental Disabilities Office
109 Governor Street
P.O. Box 1797
Richmond, VA 23214

Telephone: (804) 786-5313

Attachment A

SUMMARY OF PROPOSED FEDERAL DEVELOPMENTAL DISABILITIES EXPENDITURES FOR FEDERAL YEAR 1988

STATE: VIRGINIA

FEDERAL YEAR 1988: OCTOBER 1, 1987 - SEPTEMBER 30, 1988

FEDERAL ADD FISCAL YEAR ALLOTMENT: $1,237,206
(Actual + $3,754 Reallotment 9/88)

PROPOSED FEDERAL EXPENDITURES:

I. DEVELOPMENTAL DISABILITIES SERVICE GRANTS			$1,044,305	84.4%
A. Competitive/Continuation DD Grant Review (Priority Service Areas)				
1. Child Development Services	$273,262	22.1%		
New	$145,262			
Continuation	$128,000			
2. Alternative Community Living Arrangements	$311,283	25.2%		
New	$ 51,092			
Continuation	$260,191			
3. Employment Related Activities	$201,260	16.2%		
New	$107,767			
Continuation	$ 93,493			
B. Solicited DD Grant Projects (Priority Service Areas and 1990 REPORT)			$ 258,500	20.9%
1. BRD Systems Advocacy	0			
2. Consumer Empowerment Project	$ 97,500			
3. V.I.D.D. Community Services Assistance Center	$161,000			
II. PLANNING AND STAFF/SUPPORT TO "STATE PLANNING COUNCIL"			$ 142,901	11.6%
A. Department for Rights of the Disabled to Support Board for Rights of the Disabled	$ 80,000	6.5%		

B. Department of Mental Health, Mental Retardation, and Substance Abuse Services to Support Developmental Disabilities Office	$ 62,901	5.1%		
III. ADMINISTRATION Department of Mental Health, Mental Retardation, and Substance Abuse Services to Support Developmental Disabilities Office			$ 50,000	4.0%

University Affiliated Programs:
Virginia Institute for Developmental Disabilities (VIDD)

Program Overview

Administering Agency:	Virginia Commonwealth University, Virginia Institute for Developmental Disabilities
Enabling Legislation:	P.L. 100-146, Developmental Disabilities Assistance and Bill of Rights Act Amendments of 1987

Mission of Program

The mission of the Virginia Institute for Developmental Disabilities, a university affiliated program, is to improve the quality of life for persons with developmental disabilities across their life span by the provision of interdisciplinary training, the conduct of service demonstration programs, technical assistance, research, and the dissemination of information which will increase and support their independence, health, productivity, and integration into the community. The goals of the Institute include:

1. Operate, administer, and evaluate the Virginia Institute for Developmental Disabilities as a comprehensive university affiliated program that complies with all provisions of P.L. 100-146 and the standards of the American Association of University Affiliated Programs.

2. Implement an interdisciplinary training system that (a) prepares qualified professionals to serve individuals with developmental disabilities and their families and (b) improves the competence of professionals and paraprofessionals presently working in the developmental disabilities service system.

3. Operate and expand an array of client and community services programs that will demonstrate the delivery of exemplary services for children and adults with developmental disabilities and their families.

4. Provide technical assistance to state and local agencies and organizations to enable groups to (a) improve the independence, integration, and productivity of individuals with developmental disabilities; and (b) support families of individuals with developmental disabilities through delivery of model services.

5. Implement a system of research and information, dissemination and activities promoting systems change

that replicates the Institute's training and service programs and that responds to the informational needs of the state and nation.

Eligibility for Services

The activities of the Institute are designed to benefit persons who are developmentally disabled. The term developmental disability is defined in P.L. 100-146 as "a severe, chronic disability of a person which:

a. is attributable to mental or physical impairment or combination of mental and physical impairments;

b. is manifested before the person attains age 22;

c. is likely to continue indefinitely;

d. results in substantial functional limitations in three or more of the following areas of major life activity: self care; receptive and expressive language; learning; mobility; self-direction; capacity for independent living; and economic self-sufficiency; and

e. reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated."

Scope of Services

The Institute is organized around three programmatic themes which guide the development of new programs and activities:

- Early Intervention and Prevention
- Family Support
- School and Community Services

Established in 1985 through a grant from the Administration on Developmental Disabilities, the Institute is a part of a nationwide network of over 50 university affiliated programs (UAP) providing interdisciplinary training, technical assistance, exemplary services, research, and information dissemination. In addition to the activities carried out by all UAPs, VIDD has added activities in the areas of advocacy and policy. Current activities of the Institute are as follows:

Interdisciplinary Training

Masters Level

- Interdisciplinary Education in Infant Intervention
- Supported Employment Specialist Program
- Community Based Instructors Program

Inservice

- Case Management Training with the Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
- Interdisciplinary Infant Continuing Education Program
- Family Focused Training Program

Technical Assistance

- Technical Assistance Center for Teachers of Severely and Profoundly Handicapped Students (SPH-TAC)
- Technical Assistance Center for Deaf-Blind Individuals, SPH-TAC
- Community Integration Project with the Center on Human Policy, Syracuse University
- Parent-to-Parent Statewide
- State-wide Systems Change Project for School Integration of Children with Disabilities
- Respite Resource Project

Exemplary Services

- Behavioral Intervention Program with Richmond Community Services Board
- Parent Infant Interagency Project with Richmond Community Services Board
- Parent to Parent of Greater Richmond
- Supported Employment for the Traumatically Head Injured

Research/Evaluation

- Prevention Policy Analysis with Action for Prevention
- Community Services Assistance Center, also provides technical assistance to service providers in areas of research and evaluation
- Project Access Parent Survey with the Virginia Department of Health

Information Dissemination

- Conference Monographs
- Conference Proceedings
- Developmental Disabilities Colloquium Series
- Supported Employment Monographs with Rehabilitation

Research and Training Center, Virginia Commonwealth University
- Integration, Prevention and Family Support Information
- VIDD Newsletter - "The Institute News"
- Parent to Parent Newsletter - "In Our Shoes"
- SPH-TAC Newsletter - "The Four Runner"

Advocacy/Policy

- Consumer Empowerment Project with Center for Public Affairs
- Community Integration Conference with the Center on Human Policy, Syracuse University

The development, implementation and monitoring of these activities are guided and supported by Discipline Coordinators, tenured faculty from 12 schools at Virginia Commonwealth University. The 12 disciplines include: developmental pediatrics, education, gerontology, medicine, nursing, occupational therapy, physical therapy, psychology, rehabilitation counseling, social work, speech pathology, and therapeutic recreation.

Extent and Effectiveness of Services

The Institute is a creative and responsive organization with close ties to other agencies and programs serving persons with developmental disabilities and their families. The Institute also continues to build a reputation within the Univesity as a unit that brings faculty and students together from different departments and disciplines to improve the quality of training and to facilitate initiatives that would not otherwise occur.

VIDD has provided training to masters and doctoral trainees, inservice professionals, parents, and paraprofessionals. This training has focused on the areas of interdisciplinary teamwork, early intervention, community based instruction, supported employment, case management, and family support. These priority areas were identified by the Advisory Council of the Institute, the VIDD Program Committee, and the Planning Committee of the Board for Rights of the Disabled. Because of the Institute's close working relationship with the state's Developmental Disabilities Planning Council, its training programs continue to be responsive to the personnel needs of Virginia's service delivery system. National personnel needs in the developmental disabilities field have also shaped the direction of these training programs.

During the past fiscal year, the Institute had 88 trainees at the masters and doctoral levels. Training in interdisciplinary teamwork was provided to 20 masters level trainees from 7 disciplines and 15 trainees from the continuing education grant through a three-credit course taught by a team of Discipline Coordinators and VIDD staff.

Direct services to clients and their families have been provided through 3 projects:

(1) The Behavioral Intervention Project (BIP), provides intensive, in-home intervention to families of children and adults who are dually diagnosed as mentally retarded and mentally ill. BIP currently serves 35 families.

(2) Parent to Parent (PTP) matches parents of children with disabilities for exchange of support and information. PTP has matched 150 families through regional projects.

(3) Supported Employment for the Traumatically Head Injured provided job training and support for 52 individuals who are disabled as a result of head injury.

All of these services are exemplary in the sense that they are integrated into community settings; based on emerging or continuing needs; use innovative practices; involve various disciplines; and promote the independence, productivity, and integration of people with developmental disabilities.

One of the roles that VIDD has assumed is that of supporting agencies that provide direct services to individuals with developmental disabilities. In addition to the formal technical assistance activities outlined in a subsequent section, VIDD administrators and staff members have assisted direct service providers by (a) featuring individual exemplary services in the VIDD newsletter; (b) linking them with other providers in the region or in the state with similar or complementary interests, approaches, and goals; (c) providing informal consultation on securing grant funds; and (d) facilitating formal networks among service providers.

The Institute has assumed a high visibility profile in Virginia, partially as a result of its extensive dissemination activities. This has occurred through newsletters, monographs, proceedings documents, research reports, conference presentations, and a Developmental Disabilities Colloquium Series. The Institute disseminates three newsletters with specific target audiences totaling over 6,000 people.

The Institute will continue to grow and expand in response to emerging needs of Virginians with developmental disabilities.

Documentation

Virginia Institute for Developmental Disabilities. (1988). *Annual report 1987-1988*. Richmond: Virginia Commonwealth University.

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Virginia Institute for Developmental Disabilities. (1988, January). Self-study. Richmond: Virginia Commonwealth University.

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Protection and Advocacy

Child Protective Services (CPS)

Program Overview

Administering Agency: Department of Social Services, Division of Service Programs, Bureau of Child Welfare Services

Enabling Legislation: P.L. 93-247, as amended, Child Abuse Prevention and Treatment Act
P.L. 100-294, Child Abuse Prevention, Adoption and Family Services Act of 1988
Code of Virginia, Chapter 12.1, Child Abuse and Neglect, Section 63.1-248.1 to 63.1-248.17

Mission of Program

It is the responsibility of the Department of Social Services to provide child welfare services. These services are designed to keep families together; to provide safeguards to ensure that the needs of children are met; to protect the rights of client families; to offer coordinated and therapeutic services; and to encourage community involvement. The Department is committed to provide services to promote family independence and the belief that the development of children depends on safe, nurturing, stable families.

Eligibility for Services

There are no financial eligibility requirements for the CPS program. All suspected reports of child abuse or neglect meeting policy requirements for validity are investigated as mandated by law. The Department of Social Services defines an abused or neglected child as any child less than 18 years of age whose parent or other person responsible for his care:

1. Allows or threatens nonaccidental physical or mental injury to be inflected by the parent/guardian, or others;
2. Neglects to provide health care, except when church practices dictate spiritual prayer for healing;
3. Abandons the child;
4. Commits or allows sexual exploitation; or
5. Any child under 18 without parental care or guardianship due to caregiver absence or mental/physical incapability to care for the child.

Scope of Services

The CPS process consists of 6 steps:

1. Intake: Complaints are reported to the local department of social services or to the State Child Protective Services Hotline. The Hotline is available 24 hours a day and is staffed by 5 child welfare workers. Once a call is received, records are reviewed to see if prior complaints or incidents have occurred with the reported individual.

2. Investigation: After receiving a complaint, local workers immediately conduct an investigation to determine if abuse or neglect has occurred or is likely to occur, and to assess whether the child is in immediate danger.

3. Service Planning: Once threatened or actual abuse/neglect has been confirmed, the service worker and family assess the family's needs. A contract is developed which consists of goals of the services to be provided, expectations of all members involved, time frames for expected changes in behavior, and a method for evaluating the effectiveness of the services provided.

4. Service Delivery: Services provided are geared toward treating the abusers and keeping the family intact. Services may be treatment or prevention oriented, and provided for individuals, families, or groups. Possible services received may include counseling, parenting education, day care, respite care, emergency shelter, homemaker services, medical-remedial care, evaluation and diagnostic services, outpatient and inpatient treatment, and short term residential family care.

5. Evaluation: Services are evaluated by the client and practitioner at least semi-annually. At this time any needed changes in the service plan can be made. CPS cases are also monitored and evaluated semi-annually by CPS Regional Specialists.

6. Closure: Closure occurs when a family is able to operate independently to protect its children. It is usually a joint decision made between the client and service worker.

Extent of Services

Child Protective Services receives a combination of federal, state and local funds to carry out its programs. In FY 1989, 52,759 child abuse/neglect referrals were investigated in the state of Virginia. Of these, 12,072 children were actual victims of abuse or neglect. Statistics on the number of developmentally disabled individuals served is unavailable.

Effectiveness of Services

Service provision varies by locality and information pertaining to services for individuals with developmental disabilities is not available.

Documentation

Virginia Department of Social Services. (1988). Child protective services: Annual report 1988-1989. Richmond: Bureau of Child Welfare Services, Division of Service Programs.

Virginia Department of Social Services. (1986). Statistical report of Virginia's child welfare program: 1984-1986. Richmond: Bureau of Child Welfare Services, Division of Service Programs.

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Developmental Disabilities Protection and Advocacy Program (DDPA)

Program Overview

Administering Agency:	Department for Rights of the Disabled (DRD)
Enabling Legislation:	P.L. 100-146, The Developmental Disabilities Act of 1984, as amended.

Mission of Program

The mission of the program is to serve persons with developmental disabilities through dispute resolution, information and referral, and systems advocacy efforts including public awareness and training activities. The focus of the program is to minimize the need for dispute resolution for persons who have developmental disabilities through heightened public awareness and acceptance, to provide information and referral, and to provide systems advocacy.

Eligibility for Services

The Developmental Disabilities Protection and Advocacy Program (DDPA) serves persons who have disabilities which begin before the age of 22, which are expected to continue indefinitely, and which substantially impair the individual in three or more life functions (self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency).

Scope of Services

The Department for Rights of the Disabled (DRD) has established specific objectives for providing protection and advocacy services. Three main objectives have been identified. A number of strategies have been developed to meet these objectives. A complete list of the strategies can be seen in Attachment A. The DDPA program objectives are:

> Objective 1. Protect through direct client assistance utilizing legal, administrative, and other appropriate remedies the individual rights of Virginians with developmental disabilities.
>
> Objective 2. Investigate, represent, and promote the expressed needs and interests of persons with disabilities to facilitate responsive decision making by government agencies, legislative bodies, and the private sector.

Objective 3. Provide training and public awareness activities and opportunities to persons with developmental disabilities, their advocates, service providers, and the private sector.

Extent of Services

In state FY 1989, the DDPA provided services to 964 active cases which includes the 414 new cases opened during the year. Of this number 319 cases involved individuals with a dual diagnosis or multiple disabilities. While education continues to be the main issue of most cases, other issues include employment, housing, accessibility, rights in institutions, medical treatment, return to community, discharge planning, habilitation and rehabilitation services, and abuse and/or neglect. In fact, the number of cases involving abuse and/or neglect have doubled this year and 70 of the 414 new cases involved multiple issues.

During federal FY 1988, DDPA participated in numerous activities which served to promote improvement of service delivery systems for persons with developmental disabilities. This was done by staff serving on interagency work groups as well as participating on more than 17 councils, boards, and study groups. This has included:

- Department of Social Services Guardianship Task Force;
- Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) Mental Retardation System Review Task Force;
- DMHMRSAS Interagency Plan Task Force;
- Department of Rehabilitative Services' Advisory Committee of Disabled Individuals;
- Virginia's Interagency Coordinating Council for Infant Services (P.L. 99-457, Part H);
- DMHMRSAS Mental Retardation Advisory Committee;
- Interagency Coordinating Council on the Delivery of Related Services to Handicapped Children;
- Interagency Coordinating Council on Deaf/ED Services;
- Virginia's Approach to Services for Transitioning; and,
- Virginia Institute for Developmental Disabilities' Advisory Council.

Also DDPA system offered public comment on various issues affecting individuals with developmental disabilities during federal FY 1988. Some of these issues included:

- DMHMRSAS's grant application for P.L. 99-457 funds to plan and coordinate infant services;
- Department of Commerce's Virginia Fair Housing Advertising Guidelines;
- Federal regulations implementing P.L. 99-457;
- Department of Social Services' Homes for Adults Licensure Regulations;

- Universal Adaptable Design before the Virginia Housing Study Commission;
- Department of Housing and Community Development's Statewide Uniform Building Code Revisions;
- The proposed Mental Health Treatment of Minors Act;
- Medicaid's Nursing Home Regulations;
- Rehabilitative Services Administration's Vocational Rehabilitation Regulations;
- Department of Medical Assistance Services' Rehabilitation Regulations;
- Department of Education's Special Education Regulations; and,
- DMHMRSAS's Housing Plan.

Also during state FY 1989, the DDPA system monitored the policy-making activities of the General Assembly and state agencies (weekly trackings of disability related bills and their status in the 1989 General Assembly session were sent to over 800 leaders of advocacy groups, agencies, and individuals). Constituents and their advocates are advised through periodic notices of opportunities for participation in the development of public policy through "Action Alert" which is published biweekly. Technical assistance is provided to constituents in understanding the intent and effect of revised policies on a regular basis.

During the state FY 1989, DDPA information and referral service handled approximately 2,880 requests, an increase of over 50% from last year. These requests included such areas as education (549), guardianship (59), accessibility (151), employment (371), legislation (135), advocacy (120), and housing (220).

A broad spectrum of outreach and training activities were coordinated by Virginia's DDPA/DRD during state FY 1989. These included delivering more than 140 presentations to constituent/consumer groups, service organizations, employees, governmental agencies, and legislative groups. In addition, staff members: (1) served as board members, advisers or liaisons with national, state, and local boards and commissions; (2) manned displays at fairs, conferences, and conventions; (3) served as speakers at local, state, and national conferences; (4) meet regularly with local service providers including community service boards, ICF/MR facilities, and state hospitals; and (5) served as liaison with advocacy groups.

Finally, DDPA/DRD facilitated two advocacy forums for constituency groups to meet and discuss their issues. Over 35 groups participated in the May 1989 Disability Advocates' Forum. From this forum several actions followed: (1) a meeting with the new commissioner of the Department of Rehabilitative Services and representatives of advocacy groups to discuss their concerns; (2) development by advocacy groups of a disabilities issues position paper which was presented to the 1989 gubernatorial candidates in Virginia; and, (3) the desire to have another forum to focus on special education issues. The September 1989 Special Education Forum provided 25 constituency groups the opportunity to discuss special education issues. The result of this meeting was to set another meeting for November 1989 to further define their common issues.

Effectiveness of Services

Part of the effectiveness of DDPA can be evaluated by examining the results and outcomes associated with dispute resolutions. During state FY 1989 of the 385 cases closed during state FY 1989, the DDPA resolved 350 cases in the clients' favor. Approximately 30% of the resolved cases were through supervised referrals while approximately 65% of the cases were resolved through counseling/professional assistance, investigation, and negotiation. The remaining cases were resolved through either due process, administrative appeal, or litigation. Of the 549 cases which were still active at the end of state FY 1989, approximately 25% of those have been resolved in the clients' favor but are being monitored by staff to assure compliance with issue resolution. In education cases, monitoring usually entails one grading period. Also there are several open education cases which have been resolved in the clients' favor through a due process hearing but are on appeal by the school system either through administrative review or litigation.

As to the effectiveness of information and referral services and systems advocacy, see Extent of Services section.

DRD assesses the effectiveness of the DDPA program by asking consumers to complete an evaluation form. Data from this evaluation, while available, evaluates the overall dispute resolution program of DRD and is not broken down by program. This is currently being changed.

Documentation

Virginia Department for Rights of the Disabled. (1989). *Annual report (draft): 1988-89*. Richmond: Author.

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Virginia Department for Rights of the Disabled. (1988-1989). *Quarterly reports for DDPA*. Richmond: Author.

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Attachment A

Objectives and Strategies for DDPA Program

OBJECTIVE 1 Protect through direct client assistance utilizing legal, administrative, and other appropriate remedies the individual rights of Virginians with developmental disabilities.

Strategies

- Provide annually dispute resolution to 500 individuals with developmental disabilities who allege denial of rights or discrimination on the basis of their disability.
- Provide current information and referral annually to 2,500 persons with disabilities, their parents, advocates, and service providers to enhance linkages with needed services.
- Print and disseminate upon request directories of information on services available to persons with disabilities according to planning district.
- Maintain an updated data base of 10,000 organizations, agencies, and facilities in information and referral bank.
- Implement an oversite plan/monitoring program for facilities for persons with developmental disabilities utilizing constituent organization volunteers.

OBJECTIVE 2 Investigate, represent, and promote the expressed needs and interests of persons with disabilities to facilitate responsive decision making by government agencies, legislative bodies, and the private sector.

Strategies

- Continue itinerary of semiannual, at minimum, visits to all state institutions for persons who are mentally retarded and at minimum annual visits to each Community Services Board.
- Maintain a liaison system with 13 state level service-providing agencies to facilitate coordination, communication, and cooperation for a more efficient responsive service delivery system.*
- Provide monthly process training for constituency groups in being effective systems advocates.*
- Analyze and monitor all pertinent federal and state legislation and regulations preparing and presenting comments and/or testimony as appropriate.*

- Analyze and report the impact of relevant state and federal court decisions.*

- Provide weekly tracking to organizations of and for persons with disabilities of relevant legislation being considered by the Virginia Assembly when it is in session.*

- Prepare and disseminate Action Alerts to 500 constituent groups and individuals biweekly advising them of opportunities to provide input into policy and regulatory decisions that affect them.*

OBJECTIVE 3 Provide training and public awareness activities and opportunities to persons with developmental disabilities, their advocates, service providers, and the private sector.

Strategies

- Produce and distribute quarterly a newsletter, Easy Access, to 10,000 people.*

- Develop and provide four training programs annually addressing P.L. 94-142 (Special Education) issues for parents of students with disabilities and service providers.

- Provide an average of three presentations, workshops, or training sessions monthly.

- Update the Legal Rights Handbook and distribute to 2,000 people annually. Taped copies will be made available in Spanish and English.

- Develop, produce, and present two annual Continuing Education programs for the private bar in matters related to the legal rights of persons with disabilities.*

* All strategies that have an asterisk (*) are also strategies under other DRD programs.

Protection and Advocacy for Individuals who are Mentally Ill (PAMI)

Program Overview

Administering Agency:	Department for Rights of the Disabled (DRD)
Enabling Legislation:	42 U.S. 10801 et. seq. P.L. 99-319, Protection and Advocacy for Mentally Ill Individuals Act of 1986; P.L. 100-509, Protection and Advocacy for Mentally Ill Individuals Act of 1988

Mission of Program

Protection and Advocacy for Individuals who are Mentally Ill (PAMI) is a federal program funded through the National Institute for Mental Health (NIMH) which is responsible for the investigation of incidents of abuse and neglect of those individuals residing in facilities rendering care and treatment. Individual clients and/or their advocates (families, staff, etc.) access the program by contacting DRD with complaints/concerns about abuse, neglect, denial of rights regarding care, treatment, work, discharge planning, etc. To achieve its mission, the PAMI/DRD program works with state and private programs including but not limited to Adult and Child Protective Services; Licensing Offices of the Department of Mental Health, Mental Retardation and Substance Abuse Services; Department of Social Services; and the Department of Health.

In addition to dispute resolution, the PAMI program also conducts several outreach and training activities. The federal law also mandates an advisory council with membership comprised by a majority of persons who use mental health services (consumers) and their families. Other members include providers; clinical and legal professionals; and the public-at-large with geographical, ethnic, socioeconomic, and diagnostic considerations representative of the state of Virginia. The twenty member PAMI Advisory Council advises the DRD Director on priorities for the program as well as takes an active role in systemic advocacy activities through its committees of Education and Public Relations, Legislative and Public Policy, Program Priorities, and Minority Concerns.

Eligibility for Services

Persons are eligible for services who have a diagnosis of mental illness and are currently residing or resided within the last ninety days in a facility receiving care and treatment. Facility as defined by law can include board and care homes, group homes, supported living arrangements, institutions such as private for-profit and not-for-profit treatment centers, public and private hospitals, jails and prisons, nursing homes, as well as the missing and/or homeless.

Scope of Services

The Department for Rights of the Disabled (DRD) has established specific objectives for providing protection and advocacy services. A number of strategies have been identified to meet the program's objectives. A complete list of these strategies can be found in Attachment A. The PAMI program objectives are:

> Objective 1. Protect the rights of individuals labeled mentally ill by providing for client assistance through administrative, investigative, legal, and/or other appropriate remedies to safeguard the individual rights of Virginians having mental illness.
>
> Objective 2. Conduct investigations, represent and promote the expressed needs and interests of persons labeled mentally ill who are housed in facilities as defined by law to facilitate responsive decision making by state/local government, legislative bodies, nonprofit and for-profit organizations and the public-at-large.
>
> Objective 3. Implement public awareness activities and opportunities to persons who are mentally ill, their advocates, service providers, and the general public.

Extent of Services

In FY 1989, the DRD/PAMI program served 311 persons of which 105 were cases of persons residing in facilities or resided within the previous ninety days, 101 were treatment, entitlement, or employment, issues, and 105 were cases carried over from the previous year. A majority of persons had concommitant problems of substance abuse, severe learning disabilities, mental retardation, Alzheimers, AIDS, head injury, incarceration, or homelessness.

In addition to individual dispute resolution, the DRD/PAMI program successfully facilitated each year 5 consumer-led workshops on such topics as Rights and Empowerment, Multicultural Awareness and Treatment Needs, Self-Help Initiatives. DRD/PAMI has also educated consumers and families toward developing an understanding of the legislative process, the Code of Virginia, and its administrative policies as they relate to the daily lives of persons with disabilities.

Other systems advocacy issues related to public policy development involved legislation regarding commitment of minors, judicial and nonjudicial surrogate decision making, Mental Health Comprehensive State Plan, and on the federal level, the Medicaid Home and Quality Services Act. Active participation in state administration policy development has focused on the State Comprehensive Mental Health Plan, implementation of the Federal Fair Housing Amendments, implementation of OBRA-Nursing Home Reform, a study to revamp the Statewide Emergency Services of DMHMRSAS, and revision of the *Rules and Regulations to Assure the Rights of Residents in State Operated Facilities*.

Effectiveness of Services

Dispute resolution of cases to the clients' satisfaction utilized the following strategies:

70% were resolved through advocate and/or attorney negotiation/mediation methods;

16.9% were successfully resolved by providing the client and/or family with proessional assistance for self-advocacy;

5% were referred to other resources;

5% were not found on investigation to substantiate clients' claim;

3% were successfully resolved through administrative processes; and

.1% went to litigation.

Besides dispute resolution data, NIMH annual report also tabulates information and referral activities, systemic advocacy activities, legislative advocacy activities, implementation problems, unmet advocacy needs, and interagency collaboration on behalf of persons having mental disabilities. The impact of these cannot be as easily quantified as individual case advocacy; nevertheless, these activities have been reported to heighten the awareness of mental disabilities and the availability of state and national options which provide opportunities for persons to be fully integrated into the community.

During the last year, information and referral activities increased by adding new organizations and agencies in need of a broader understanding of the medical/legal issues involved with mental disabilities. These organizations include the Home for Adults Associations, newly formed consumer self-help groups, new Alliance for the Mentally Ill chapters, Virginia State Police Academy, and mental health professional associations.

DRD assesses the effectiveness of the PAMI program by asking consumers to complete an evaluation form. Data from this evaluation, while available, evaluates the overall dispute resolution program of DRD and is not broken down by program. This is currently being changed.

Documentation

Virginia Department for Rights of the Disabled. (1989). *Annual report (draft): 1988-89*. Richmond: Author.

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Virginia Department for Rights of the Disabled. (1988, December 22). *Protection and advocacy system program performance report on services to mentally ill individuals*. Richmond: Author.

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Attachment A

Objectives and Strategies for PAMI Program

OBJECTIVE 1 Protect the rights of individuals labeled mentally ill by providing for client assistance through administrative, investigative, legal, and/or other appropriate remedies to safeguard the individual rights of Virginians having mental illness.

Strategies

- Provide dispute resolution services to 400 individuals annually who allege they have been denied their rights or have experienced discrimination because they are mentally ill. Dispute resolution staff activities range from assisting the client in self-advocacy to providing direct intervention services.

- Implement an itinerant schedule of annual visits to facilities and organizations working with persons labeled mentally ill, i.e. DMHMRSAS hospitals, Community Services Boards, Homes for Adults, private hospitals, treatment centers, etc.

- Provide staff support to the PAMI Advisory Council in its involvement in minority concerns, programs, legislative, and public policies, and public information and education committees and projects.

- Maintain alliances with the Virginia Alliance for the Mentally Ill, the Clubhouse Associations, the Mental Health Association in Virginia, the Coalition for the Mentally Disabled, the Virginia Mental Health Consumers Association, the Virginia Community Services Board Association and other related constituent organizations.

- Implement a program specifically designed to protect the rights of persons labeled mentally ill in homes for adults during the first year of the biennium.

- Initiate the coordinate with constituent organizations a training program on monitoring facilities and services for persons with mental disabilities.

OBJECTIVE 2 Conduct investigations, represent and promote the expressed needs and interests of persons labeled mentally ill who are housed in facilities as defined by law to facilitate responsive decision making by state/local government, legislative bodies, for-profit, as well as nonprofit organizations, and the public-at-large.

Strategies

- Develop during the first year of the biennium and implement during the second year a program directed towards persons who are mentally ill and placed in local jails.

- Maintain liaison system with 13 state level service-providing agencies to facilitate coordination, communication, and cooperation for a more efficient responsive service delivery system.*

- Provide monthly process training for constituency groups in being effective systems advocates.*

- Analyze and monitor all pertinent federal and state legislation and regulations preparing and presenting comments and/or testimony as appropriate.*

- Analyze and report the impact of relevant state and federal court decisions.*

- Provide process training for primary consumer leaders and families.

OBJECTIVE 3 Implement public awareness activities and opportunities to persons who are labeled mentally ill, their advocates, service providers, and the general public.

Strategies

- Disseminate advocacy handbooks to all relevant professional organizations, affiliates of Psychological Rehabilitation programs, Clubhouse programs, and other self-help consumer organizations in Virginia.

- Sponsor training sessions for the Department of Mental Health, Mental Retardation and Substance Abuse Services Human Rights, Department for Rights of the Disabled, Department of Social Services, Department of Rehabilitative Services, and the Department of Aging staffs to enhance an understanding of the interrelatedness as well as the differences in responsibilities during the second year of the biennium.

- Provide a minimum of five consumer-led workshops on Client Rights, Empowerment, Entitlements, and How to Access the System annually around the state, coordinating training with other state agencies.

* All strategies that have an asterisk (*) are also program strategies under other DRD programs.

Client Assistance Program (CAP)

Program Overview

Administering Agency: Department for Rights of the Disabled (DRD)

Enabling Legislation: P.L. 93-112, Rehabilitation Act of 1973, as amended.

Mission of Program

The Client Assistance Program (CAP) provides direct representation when there is a perceived problem in receiving or in use of services, projects, or facilities that receive federal rehabilitation funding. The program focuses on resolving conflicts that may arise including representation at hearings as well as preventing conflict.

Eligibility for Services

In Virginia, individuals who have disabilities are eligible for services if they are an applicant for, or current recipient of, services from the Department of Rehabilitative Services (DRS), Centers for Independent Living (CILs), Department for the Visually Handicapped (DVH), and sheltered workshops.

Scope of Services

The Department for Rights of the Disabled (DRD) has established specific objectives for providing assistance through this program. A number of strategies have been identified to meet the program's objectives and can be found in Attachment A. Listed below are the primary objectives of CAP.

Objective 1. Provide direct client assistance utilizing legal, administrative, and other appropriate remedies to protect the individual rights of clients or applicants of agencies providing services under the Rehabilitation Act of 1973, as amended.

Objective 2. Provide outreach and training to inform clients and client applicants of the benefits under the Rehabilitation Act of 1973, as amended.

Objective 3. Represent and promote the interest and involvement of clients and client applicants to facilitate responsible policy and regulation development by related agencies.

Extent of Services

During FY 1988, 111 requests for CAP assistance were received. Approximately 84% of the requests involved rehabilitation services, with 3.6% employment related issues, less than 1% housing issues, and almost 11% identified as other.

Effectiveness of Services

One means of determining the effectiveness of the assistance provided by CAP can be evaluated by examining the results and outcomes associated with dispute resolution. Another means of determining the effectiveness of CAP assistance other than by dispute resolution is to examine outreach and liaison activities of the staff. Assessing the impact and effectiveness of other program functions for example, training or policy development, is not as straightforward.

The current reporting system operated by CAP, as specified by the Rehabilitation Services Administration of the federal government, does not allow for a clear analysis of the effectiveness of the dispute resolution services that are provided. However, in DRD's most recent report of CAP it indicated that nearly 99% of the cases were resolved at the local level, involving CAP, the service provider, and/or the consumer. It is estimated that 75% of those cases were resolved in favor of the client. The remaining 25% were resolved, but not to the total satisfaction of the client. Of the 1% or more cases that go to a fair hearing, the majority were resolved in the clients' favor. Forty-nine cases were reported as pending, carried over to the next fiscal reporting period.

Regarding outreach or liaison activities, CAP reported a minimum of 1,500 persons with disabilities were informed of the availability of services under the Act. Designated agency staff were involved in a total of 142 prearranged presentations to 4,735 individuals in the reporting period. Liaison activities are seen as having a most positive impact on services to individuals with disabilities as these activities provide staff the opportunity to input the policies and regulations of the two vocational rehabilitation agencies.

DRD assesses the effectiveness of the CAP program by asking consumers to complete an evaluation form. Data from this evaluation, while available, evaluates the overall dispute resolution program of DRD and is not broken down by program. This is currently being changed.

Documentation

Virginia Department for Rights of the Disabled. (1989). *Annual report (draft): 1988-89*. Richmond: Author.

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Virginia Department for Rights of the Disabled. (1988, December 21). *Annual Client Assistance Program (CAP) report, fiscal year 1988*. Richmond: Author.

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Attachment A

Objectives and Strategies for CAP Program

OBJECTIVE 1 Provide direct client assistance utilizing legal, administrative and other appropriate remedies to protect the individual rights of clients or applicants of agencies providing services under the Rehabilitation Act of 1973 as amended.

Strategies

- Provide annually dispute resolution services to 300 individuals who allege problems in their relationships with project, programs, and facilities providing services under the Act.

- Employ mediation procedures to the maximum extent possible before using administrative or legal remedies.

- Monitor DRS, DVH and the CILs' practice of providing each client and applicant information about the Client Assistance Program.

OBJECTIVE 2 Provide outreach and training to inform clients and client applicants of the benefits under the Rehabilitation Act of 1973 as amended.

Strategies

- Distribute at least 2000 client assistance brochures annually.

- Provide an annual workshop in each DRS/DVH region about CAP and self-advocacy.

- Provide articles on CAP to four major constituent groups annually for inclusion in their newsletters.

- Continue itinerary of semiannual visits with related service providers to create greater visibility and build rapport.

OBJECTIVE 3 Represent and promote the interest and involvement of clients and client applicants to facilitate responsible policy and regulation development by related agencies.

Strategies

- Maintain liaisons with DRS, DVH, and CILs, Virginia Association of Rehabilitation Facilities, and the Virginia Rehabilitation Association.

- Analyze and monitor all pertinent federal and state legislation, regulations and policy determinations preparing and presenting comments and testimony as appropriate.*
- Advise constituents of opportunities for public input into decisions that affect them through Action Alerts.*
- Produce in conjunction with other agency subprograms a quarterly newsletter and distribute to 10,000 people.*

* All strategies that have an asterisk (*) are also program strategies under other DRD programs.

Virginians with Disabilities Act (VDA)

Program Overview

Administering Agency: Department for Rights of the Disabled (DRD)

Enabling Legislation: §51.01-36, 37, 38, and 39 of the Code of Virginia

Mission of Program

The Virginians with Disabilities Act (VDA) empowers the Department for Rights of the Disabled to assist persons with disabilities in the protection of rights afforded under the laws of the Commonwealth and the United States.

Eligibility for Services

This program serves anyone with a disability who does not qualify for services under one of the three federal programs (DDPA, PAMI, and CAP) operated by the Department.

Scope of Services

The Department for Rights of the Disabled (DRD) has established specific objectives for providing assistance through this program. A number of strategies have been identified to meet the program's objectives and can be found in Attachment A. Listed below are the primary program objectives for VDA.

Objective 1. Protect through direct client assistance utilizing legal, administrative, and other appropriate remedies the individual rights of Virginians with disabilities.

Objective 2. Provide staff support for the Board for Rights of the Disabled and its six committees.

Objective 3. Investigate, represent, and promote the expressed needs and interests of persons with disabilities to facilitate responsive decision making by government agencies, legislative bodies, and the private sector.

Objective 4. Provide training and public awareness activities and opportunities to persons with disabilities, their advocates, service providers, and the private sector.

Extent of Services

Employment discrimination continues to be the dominant issue DRD staff deals with on behalf of the consumers. Of the 373 new VDA cases opened during FY 1988, 184 were employment related concerns. Other problem areas identified from the 353 cases handled by staff were financial (8.8%), housing (6.8%), transportation (6.2%), accessibility (5.7%), education (1.7%), and other (21.5%). The number of complaints being received regarding discrimination based upon both the diagnosis and the positive test for Human Immunodeficiency Virus (HIV) has been growing steadily over the past fiscal year.

VDA allows for major or class issues afecting persons with disabilities to be addressed systemically. This is accomplished by DRD staff serving on numerous interagency councils, boards, or committees, for example, the Head Injury Council, the Interagency Coordinating Council for the Transportation Disadvantaged, the Black Lung Task Force, DMHMRSAS State Human Rights Board, the Interagency Plan of Cooperation and others.

Effectiveness of Services

During FY 1989, the VDA program assisted 750 DRD clients involved in disputes. Four hundred and twenty-four (424) of these cases were successfully closed or favorably resolved. The remaining 326 cases are still involved in some negotiation, mediation, or monitoring activity. (Dispute resolution activities are carried out through VDA program objectives 1 and 2, as listed in the Scope of Services section.)

DRD staff continues to provide staff support to the Board for Rights of the Disabled (BRD) and its six committees. By acting as consultants and resource staff to each committee, members are able to spend the majority of their time directly addressing issues which affect persons with disabilities living in the Commonwealth. (BRD support activities are accomplished through VDA program objective 2, as described in the Scope of Services section.)

In the past state FY 1988, DRD staff (through VDA) has provided a variety of training and public awareness activities to persons with disabilities, service providers, and the private sector. Over 750,000 persons have been reached through such activities as 3 conferences, at least 4 major legislative activities, 39 publications, at least 3 media activities, 480 reports on liaison activities, and 193 prearranged speaking engagements.

DRD assesses the effectiveness of the VDA program by asking consumers to complete an evaluation form. Data from this evaluation, while available, evaluates the overall dispute resolution program of DRD and is not broken down by program. This is currently being changed.

Documentation

Virginia Department for Rights of the Disabled. (1989). *Annual report (draft): 1988-89*. Richmond: Author.

Virginia Department for Rights of the Disabled. (1988). *Financial proposal for current policies: 1988-1990 biennium*. Richmond: Author.

Contact: Department for Rights of the Disabled
101 North 14th Street, 17th Floor
James Monroe Building
Richmond, VA 23219

Telephone: 1-800-552-3962
225-2042 (Richmond metropolitan area)

Attachment A

Objectives and Strategies for VDA Program

OBJECTIVE 1 Protect through direct client assistance utilizing legal, administrative and other appropriate remedies the individual rights of Virginians with disabilities.

Strategies

- Provide annually dispute resolution services to 500 individuals who allege denial of rights or discrimination on the basis of their disability.
- Provide direct client assistance to individuals referred by the Virginia Human Rights Council.
- Maintain a current in-house brief bank of state and federal court decisions and briefs related to the rights of persons with disabilities.
- Update at least annually the DRD manual on pertinent statutes of limitation relating to persons with disabilities.

OBJECTIVE 2 Provide staff support for the Board for Rights of the Disabled and its six committees.

Strategies

- Participate in and provide staff support for the Plan of Cooperation.
- Provide staff support to the BRD representative to the Interagency Coordinating Council for the Transportation Disadvantaged.
- Staff the Interagency Coordinating Council on Housing for the Disabled which is the BRD's Housing committee.
- Staff the Bienniel Plan's development and submission to the Governor in accordance with 51.01-33.2 of the Code of Virginia.

OBJECTIVE 3 Investigate, represent, and promote the expressed needs and interest of persons with disabilities to facilitate responsive decision making by government agencies, legislative bodies, and the private sector.

Strategies

- Maintain a liaison system with 13 state level service-providing agencies to facilitate coordination, communication and cooperation for a more efficient responsive service delivery system.*

- Provide monthly process training for constituency groups in being effective systems advocates.*
- Analyze and monitor all pertinent federal and state legislation and regulations, preparing and presenting comments and/or testimony as appropriate.*
- Review and comment on state plans relating to services for persons with disabilities.
- Analyze and report the impact of relevant state and federal court decisions.*
- Provide weekly tracking to organizations of and for persons with disabilities of relevant legislation being considered by the Virginia Assembly when it is in session.*
- Monitor and promote the coordination of housing for persons with disabilities with the Department of Housing and Community Development, Department of Mental Health, Mental Retardation and Substance Abuse Services, Virginia Housing Development Authority, Department of Rehabilitative Services and the Centers for Independent Living.
- Prepare and disseminate Action Alerts to 500 constituent groups and individuals biweekly advising them of opportunities to provide input into policy and regulatory decisions that affect them.*

OBJECTIVE 4 Provide training and public awareness activities and opportunities to persons with disabilities, their advocates, service providers, and the private sector.

Strategies

- Produce and distribute quarterly a newsletter, Easy Access, to 10,000 people.*
- Provide an average of three presentations, workshops, or training sessions monthly.
- Develop, produce and present two annual Continuing Legal Education programs for the private bar in matters related to the legal rights of persons with disabilities.*
- Work with University of Virginia, William and Mary, George Mason University and University of Richmond in providing clinical legal experiences for law students who will represent Virginians with disabilities in protecting their legal rights at least one semester each annually.*

- Develop/staff systems systems advocacy training/public awareness activities annually for each of the Board for Rights of the Disabled's five issue-oriented committees; health, education, employment, transportation, and housing.

* All strategies that have an asterisk (*) are also program strategies under other DRD programs.

Social Security

General Overview of the Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) Work Incentive Programs

Program Overview

Administering Agency:	Social Security Administration (SSA)
Enabling Legislation:	Please see the specific program description.

Mission of Program

The purpose of these programs is to help persons who are disabled or blind return to work, and to protect their status and entitlement to cash payments and/or Medicaid or Medicare protection. This support is provided until they can reasonably be expected to pay their own way and buy their own health insurance protection.

Eligibility for Services

Persons who qualify to receive SSI/SSDI work incentives must be eligible to receive SSI or SSDI benefits. Specific eligibility criteria are required for each program.

Scope of Services

SSI/SSDI work incentives provide or continue eligibility for cash payments and/or Medicare/Medicaid coverage. The work incentives available to qualified persons include Section 1619a and 1619b, impairment-related work expenses, continued payment to individuals under a vocational rehabilitation plan, trial work period, extended period of eligibility, continuation of Medicare coverage, and Plans for Achieving Self-Support. Each of these programs is described in detail following the general overview.

Extent of Services

The extent of services provided by each work incentive program is described when this information was available.

Effectiveness of Services

SSI/SSDI work incentives have reduced the risks of losing income or medical coverage for many persons who return to work. Disincentives still exist for some individuals who would like to work.

Documentation

Personal Communication. Mary Cardwell, April, 1989.

Social Security Administration. (1988). A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind (SSA Publication No. 64-030). Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Section 1619a and 1619b

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: P.L. 99-643, Employment Opportunities for Disabled Americans Act, July 1, 1987

Mission of the Program

The intent of this program is to assist Supplemental Security Income (SSI) recipients returning to work by easing the transition between being on disability payments and Medicaid and being self-supporting.

Eligibility for Services

Section 1619a provides cash benefits to SSI recipients engaged in Substantial Gainful Activity (SGA) if they continue to have the original disabling condition and currently meet the income and resource requirements. Qualified persons continue to receive cash benefits unless the mental or physical impairment improves or the benefits are terminated for a reason other than the disability. SSI is reinstated if income levels fall below SGA and eligibility criteria for SSI are met.

Section 1619b provides Medicaid coverage for SSI recipients under age 65 who are disabled or blind if their earnings are too high to receive SSI cash payments. To be eligible for Medicaid, a person must: (1) have a disabling condition or continue to be blind, (2) need Medicaid in order to work, (3) not able to afford benefits equivalent to SSI and Medicaid coverage, and (4) meet all nondisability-related requirements for SSI other than earnings. Qualified persons continue to receive Medicaid coverage until their earnings reach a substantially higher level which takes into account their ability to afford medical care and normal living expenses.

Virginia is one of 14 states who use a definition for Medicaid eligibility which differs from SSI eligibility criteria. "Recipients under the 1619 provision (who might lose Medicaid eligibility under their state's Medicaid criteria) retain their Medicaid eligibility as long as they are eligible for a regular SSI benefit and Medicaid in the month prior to becoming eligible for 1619."

Persons who are eligible for 1619 and enter a public medical or psychiatric facility or a Medicaid facility will have their benefits figured for the following 2 months in the same manner as before entering the facility.

Scope of Services

Section 1619 a provides special SSI cash benefits to individuals with disabilities "who lose eligibility for SSI payments under the regular rules because they have earnings at the level that ordinarily is considered to represent SGA ($300). Section 1619 b provides special SSI recipient status for Medicaid purposes to working disabled or blind individuals when their earnings make them ineligible for further cash payments."

Extent of Services

A total of 702 persons received 1619 benefits during the month of September, 1988. The number of persons participating in Section 1619a was 342 and 360 persons participated in Section 1619b. The total number of persons between the ages of 18 and 64 who received SSI benefits during September, 1988 was 45,800 which indicates a participation rate in Virginia of 1.53 per hundred SSI recipients.

The number of Section 1619a participants has increased from 5 in December, 1982 to 342 in September, 1988. The average monthly earnings for Section 1619a participants was $381.00 in 1982 and $483.00 in 1988. A breakdown of the number of participants and their average monthly earnings from 1982 through 1988 is located in Table 1.

The number of Section 1619b participants has increased from 102 in December, 1982 to 360 in September, 1988. The average monthly earnings for 1619b participants was $515.00 in 1982 and $688.00 in 1988. Table 2 provides a listing of the number of participants and their average monthly earnings from 1982 through 1988.

Effectiveness of Services

Section 1619 was established to help persons with disabilities become self-supporting. Previously, SSI recipients who earned SGA faced the risk of losing cash benefits and Medicaid coverage even if their total income and resources were within the SSI need criteria. The increased numbers of persons participating in Section 1619a and 1619b benefits reflects the program's success in helping persons with disabilities work and become self-supporting.

One measure of program effectiveness is a positive correlation between Section 1619 participation and employment initiatives for persons with severe disabilities. Section 1619 participation rate in Virginia has increased from .61% in March, 1987 to 1.53% in September, 1988. Table 3 shows the number of 1619 participants in comparison to the total number of persons receiving SSI for both years. The average national participation rate for September, 1988 was 1.57.

Persons receiving Medicaid benefits under Section 1619b are reviewed periodically for redetermination of eligibility.

Those claims which fit a criteria for screening due to their high probability of having changes, i.e. fluctuations in wages, are coded with a high error profile code. Reviews are conducted every 2 to 3 years to determine if the person is still eligible to receive SSI even though SSI payments are not being received.

Documentation

National Association of Developmental Disabilities Council. (1989). Notes on Section 1619 of the Supplemental Security Income Program. Washington, D.C.: Unpublished Manuscript.

Office of Supplemental Security Income. (1988, December). Section 1619 quarterly statistical report. Baltimore, MD: Division of Program Management and Analysis.

Personal Communication. Mary Cardwell, 1989.

Social Security Administration. (1988). A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind (SSA Publication No. 64-030). Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Table 1: Number of SSI 1619a Participants and Average Monthly Earnings in Virginia by Year

Month/Year	Number of Participants	Average Monthly Earnings
December, 1982	5	$381.00
December, 1983	6	$435.00
August, 1984	8	$407.00
August, 1985	11	$394.00
January, 1986	16	$373.00
March, 1987	27	$409.00
June, 1987	24	$392.00
September, 1987	251	$420.00
December, 1987	268	$464.00
March, 1988	266	$450.00
June, 1988	285	$445.00
September, 1988	342	$483.00

Table 2: Number of 1619b Participants and Average Monthly Earnings in Virginia by Year

Month/Year	Number of Participants	Average Monthly Earnings
December, 1982	102	$515.00
December, 1983	110	$584.00
August, 1984	134	$676.00
August, 1985	141	$588.00
January, 1986	160	$602.00
March, 1987	232	$628.00
June, 1987	291	$678.00
September, 1987	355	$667.00
December, 1987	378	$705.00
March, 1988	360	$680.00
June, 1988	354	$672.00
September, 1988	360	$688.00

Table 3: Section 1619 Program Participation Rate in Virginia

Year	Number of 1619 Participants	Total Number of SSI Disabled Recipients, 18 thru 64	Participation Rate
March, 1987	259	42,400	0.61%
September, 1988	702	45,800	1.53%

Continued Payment to Individuals Under a Vocational Rehabilitation Plan

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: P.L. 96-265, Section 30, Social Security Disability Amendments of 1980

Mission of Program

The intent of this program is to assist Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) recipients returning to work by easing the transition between being on disability payments and being self-supporting.

Eligibility for Services

Persons who are determined to no longer have a disability which prevents them from engaging in Substantial Gainful Activity (SGA) and who are participating in an approved state vocational rehabilitation program are eligible to receive continued SSI or SSDI payments. Participation in the vocational rehabilitation program must increase the chances of permanent removal from the disability rolls. Eligibility to participate in the continued payment program is determined by the Social Security Administration.

Scope of Services

Persons under a vocational rehabilitation plan can continue receiving SSI or SSDI payments after they are no longer disabled on the basis of medical recovery if they are participating in an approved state vocational rehabilitation plan at the time that the disability ceases.

Extent of Services

Information on the extent of services was not available.

Effectiveness of Services

Program effectiveness data need to be collected on the percentage of total SSI/SSDI recipients who return to work and receive continued payment while participating in a vocational rehabilitation plan.

Documentation

Social Security Administration. (1988). A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind (SSA Publication No. 64-030). Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Impairment-Related Work Expenses

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: P.L. 96-265, Social Security Disability Amendments of 1980

Mission of Program

The purpose of this program is to assist Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) recipients returning to work by easing the transition between being on disability payments and being self-supporting.

Eligibility for Services

Persons receiving SSI and SSDI benefits are eligible to deduct impairment-related work expenses. SSI recipients must first establish federal SSI eligibility without the impairment-related work expense deductions. After eligibility is determined, persons receiving SSI benefits can exclude their work-related expenses to compute the amount of cash payment. The person must pay for the items and services and cannot receive a reimbursement for the expenses by another source. Costs for items or services can only be deducted if they are needed by the individual in order to return to work.

Scope of Services

Persons who need impairment-related items and services in order to work can deduct these expenses from their earnings when determining Substantial Gainful Activity (SGA) under SSI and SSDI. Impairment-related expenses can also be excluded from earned income in determining the SSI monthly payment amount.

Expenses that are likely to be deducted include: attendant care services, transportation costs, medical devices, prosthesis, work-related equipment and assistants, residential modifications, routine drugs and medical services, diagnostic procedures, nonmedical appliances and devices, expendable medical supplies, and costs for a seeing-eye dog. Specific types of services and items under each category are described.

Extent of Services

Information on the extent of services was not available.

Effectiveness of Services

Program effectiveness data need to be collected on the percentage of total SSI/SSDI recipients who return to work and participate in the impairment-related work expense incentive program.

Documentation

Social Security Administration. (1989). A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind (SSA Publication No. 64-030). Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Trial Work Period

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: P.L. 86-778

Mission of Program

The purpose of this program is to assist Social Security Disability Income (SSDI) recipients returning to work by easing the transition between being on disability payments and being self-supporting.

Eligibility for Services

Persons who are receiving SSDI benefits are entitled to a trial work period beginning the date that a claim is filed or the month of entitlement, whichever comes first.

Scope of Services

Persons receiving SSDI can work for a period of 9 months and still continue to receive full disability benefits. The intent of this program is to allow SSDI recipients the opportunity to test their ability to work without losing their medical and financial benefits.

SSDI recipients receive credit for every month that their earnings are over $75.00. A person who is self-employed receives 1 month's work credit for every 15 hours of work. The trial work period is completed when 9 months of work are accumulated. The 9 months do not have to be consecutive. At the end of the trial work period, determination is made as to whether the individual can do substantial gainful activity as defined by earnings over $300.00 a month. Determination decisions are made by the Social Security Administration. Benefits are paid for 3 months following a decision that the individual is no longer disabled and is ineligible to receive SSDI cash payments.

Extent of Services

Information on the extent of services was not available.

Effectiveness of Services

Program effectiveness data need to be collected on the percentage of total SSDI recipients who return to work and participate in the trial work period incentive program.

Documentation

Social Security Administration. (1988). A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind (SSA Publication No. 64-030) Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Extended Period of Eligibility

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: P.L. 96-265, Social Security Disability Amendments of 1980

Mission of Program

The intent of this program is to assist Social Security Disability Income (SSDI) recipients returning to work by easing the transition between being on disability payments and being self-supporting.

Eligibility for Services

SSDI recipients who have completed a 9 month trial work period and are determined by the Social Security Administration to no longer be disabled because their earnings exceed the Substantial Gainful Activity (SGA) level are eligible for an extended period of eligibility. The extended period of eligibility begins the month after the trial work period ends.

Scope of Services

SSDI recipients who have completed a 9 month trial work period are provided with a 36 month period in which benefits can be reinstated should earnings fall below the SGA level. Benefits are reinstated during this time without need for a new application, disability determination, or any waiting period. A new application for SSDI benefits would have to be completed during any month that the individual's earnings fall below the SGA level after the 36 months are up.

Extent of Services

Information on the extent of services was not available.

Effectiveness of Services

Program effectiveness data need to be collected on the percentage of total SSDI recipients who return to work and participate in the extended period of eligibility incentive program.

Documentation

Social Security Administration. (1988). A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind (SSA Publication

No. 64-030). Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Continuation of Medicare Coverage

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: P.L. 96-265, Social Security Disability Amendments of 1980

Mission of Program

The purpose of this program is to assist Social Security Disability Income (SSDI) recipients returning to work by easing the transition between receiving disability benefits and being self-supporting.

Eligibility for Services

SSDI recipients who are engaging in Substantial Gainful Activity (SGA) and have not medically recovered are eligible to receive continued Medicare coverage.

Scope of Services

Persons qualifying for SSDI benefits who are engaging in SGA and who have not medically recovered can continue to receive Medicare benefits for 39 months after completing a trial work period.

Medicare coverage is provided for qualified persons during the 36 month benefit reinstatement period after a trial work period is completed and for an additional 3 months after that. Medicare coverage may continue for a longer period of time if earnings fall below SGA for any of the 39 months. Medicare coverage is terminated if a person's disability entitlement ends due to reasons other than engaging in SGA.

Extent of Services

Information on the extent of services was not available.

Effectiveness of Services

Program effectiveness data need to be collected on the percentage of total SSDI recipients who return to work and participate in the continued Medicare coverage incentive program.

Documentation

Social Security Administration. (1988). *A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind* (SSA Publication

No. 64-030). Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Plans for Achieving Self-Support (PASS)

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: P.L. 92-603, Social Security Amendments of 1972

Mission of Program

The intent of this program is to assist Supplemental Security Income (SSI) and Social Security Disability Income (SSDI) recipients returning to work by easing the transition between receiving disability benefits and being self-supporting.

Eligibility for Services

Persons who are blind or disabled are eligible to obtain a Plan for Achieving Self-Support (PASS). "The individual must have a feasible work goal, a specific savings/spending plan, and must provide a clearly identifiable accounting for the funds which are set aside. The plan must be in writing and have a specific timeframe. The individual must then follow the plan and negotiate revisions as necessary" (Social Security Administration, 1988). Social Security representatives, vocational rehabilitation counselors, social workers, or employers can assist an individual with developing a plan.

Scope of Services

The PASS plan allows individuals to set aside income or resources for a specified period of time for the purpose of establishing or maintaining SSI eligibility, accomplishing a work goal, or increasing SSI payments. The purpose of the program is to assist qualified persons with becoming self-supporting by allowing them to save money towards work without risking the loss of medical or financial benefits under the income or resource restrictions.

Qualified persons can set aside income and resources for a period of time for a specific work goal such as education, vocational training, starting a business, or to purchase work equipment. The income that is set aside is not included in SSI income and resource tests and does not affect Substantial Gainful Activity (SGA) determination. SSI eligibility can be maintained or established and SSI payments can be increased with the use of PASS.

Persons receiving SSDI can set aside SSDI money under a PASS plan which may make them eligible for SSI benefits.

Extent of Services

Information on the extent of services was not available. An informal, verbal survey suggests that roughly 1,000 persons nationwide have an active PASS plan.

Effectiveness of Services

Program effectiveness data need to be collected on the percentage of total SSI recipients who return to work and participate in the PASS incentive program.

Documentation

Social Security Administration. (1988). A summary guide to Social Security and Supplemental Security Income work incentives for the disabled and blind (SSA Publication No. 64-030). Baltimore, MD: Social Security Administration, Office of Disability.

Contact: 1-800-234-5772
or contact your local Social Security office

Social Security Disability Income (SSDI)
Disabled Adult Child (DAC) Benefits

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: Social Security Act Amendments of 1956, Title II, Section 202

Mission of Program

Programs established under the Social Security Act and related laws have the basic objectives of providing for the material needs of families, protecting aged and disabled persons against the expense of illness that could otherwise exhaust savings, keeping families together, and giving children the opportunity to grow up in health and security.

Eligibility for Services

Persons aged 18 or older who become disabled before age 22 are eligible to receive DAC benefits under a worker's disability, retirement, or survivors benefits. The person must be disabled as defined by "the inability to engage in any substantial gainful activity (income over $300.00 a month), by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months." Individuals can qualify on the record of grandparents in some cases.

Scope of Services

The purpose of the DAC benefit program is to provide cash benefits to adult children with disabilities and to assist them with their self-support following the loss of income of a parent due to disability, retirement, or death. Eligible adult children receive an auxillary cash payment under a worker's SSDI Disability, Retirement, or Deceased Benefit Program. The amount of the cash payment is the same as an unmarried child without a disability who receives cash payments through age 18 under a disabled, deceased, or retired worker's benefits. DAC recipients continue to receive benefits after age 18 because they have a disability.

Persons receiving DAC benefits may also be eligible for Supplemental Security Income (SSI) or Social Security Disability Income (SSDI) due to their disability. DAC recipients may be reentitled to receive childhood disability benefits if they become disabled again within 84 months of the month in which the benefits were terminated. The number of survivors receiving DAC benefits effects the amount of cash payment that each person receives.

A person entitled to DAC benefits for 24 months is eligible to receive Medicare. Medicare is administered by the Health Care Financing Administration and can be applied for at the Social Security office.

Extent of Services

A total of 13,027 persons received DAC benefits during 1987. Table 1 provides a breakdown of the number of persons receiving benefits under each benefit category.

Effectiveness of Services

The number of persons receiving DAC benefits in Virginia has increased since 1980 through 1986 when a decrease in number of recipients was reported. A breakdown of the number of persons receiving DAC benefits under each of the payment categories is listed in Table 2. The growth in numbers receiving DAC benefits yearly is similar to the growth trends in numbers served nationwide.

The objective of the program is to partially replace the lost income and provide medical protection for adult children with disabilities who have lost the income of a parent due to death, disability, or retirement and who are unable to work. The number of persons receiving DAC benefits in Virginia suggests that the program is effective in providing assistance to adult children with disabilities of deceased, retired or disabled parents to give them the opportunity to be self-supporting. Needs assessment data are necessary to determine if the program's goals are being accomplished.

Periodic reviews are conducted to verify the program's effectiveness in providing benefits for the persons entitled to receive them. The Disability Determination Services Office completes a quarterly review of a percentage of all claims which they have reviewed and made medical disability decisions on. An average of 70% of the claims reviewed for disability determination are denied as not meeting the medical eligibility requirements. The Disability Quality Branch Office conducts a review of claims that have been determined eligible to receive DAC benefits by Disability Determination Services. The claims are selected by the system and reviewed at the regional office. Central Office checks a percentage of the ten regional Disability Quality Branch cases that have been reviewed to verify consistency in determination decisions around the country. Persons applying for benefits can go through an appeals process for reconsideration of a claim that is denied. If the appeal is denied, the individual can request a hearing by the Administrative Law Judge. The final step in the review process following a denial from the Appeals Council is a federal court hearing.

DAC recipients are faced with the risk of losing cash payments or medical coverage if they choose to return to work. One measure of the program's effectiveness would be the reduction of disincentives for those persons who want to work. Several work incentives have been made available to DAC recipients to reduce the disincentives to work. These include the trial work period, continued Medicare coverage, impairment-related work expenses, continued payment to individuals under a vocational rehabilitation plan, and an extended period of eligibility. The Social Security Work Incentives Act of 1989 (HR 8) has been proposed to extend Section 1619 coverage to persons receiving SSDI benefits.

Documentation

Braddock, D. (1987). Federal policy toward mental retardation and developmental disabilities. Baltimore, MD: Paul H. Brookes Publishing Co.

U.S. Department of Health and Human Services. (1989). Disability (SSA Publication No. 05-10029) Baltimore, MD: Social Security Administration.

U.S. Department of Health and Human Services. (1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988). Social Security bulletin annual statistical supplement. Washington, DC: Social Security Administration.

U.S. Department of Health and Human Services. (1988). Social Security handbook (10th ed.) (SSA Publication No. 05-10135). Washington, DC: Social Security Administration.

U.S. Department of Health and Human Services. (1989). Survivors (SSA Publication No. 05-10084) Baltimore, MD: Social Security Administration.

Contact: 1-800-234-5772
or contact your local Social Security office

Table 1: Number of Persons Receiving SSDI Disabled Adult Child Benefits in Virginia in 1987

	CATEGORY			
	Retired Workers	Disabled Workers	Deceased Workers	Total
Number Receiving Benefits in VA	3,460	851	8,716	13,027
Number Receiving Benefits Nationwide	165,675	35,378	360,220	561,273

From: Social Security Bulletin, Annual Statistical Supplement, 1988

Table 2: Number of Adult Children With Disabilities Receiving SSDI DAC benefits in Virginia by Type of Benefit Per Year

Number of Children Receiving Benefits	Retired Workers Benefits	Disabled Workers Benefits	Deceased Workers Benefits	Total
1980	3,036	6,856	860	10,752
1982	3,114	797	7,389	11,300
1983	3,191	7,664	795	11,650
1984	3,279	828	7,963	12,070
1985	3,348	838	8,210	12,396
1986	3,430	830	9,370	13,630
1987	3,460	851	8,716	13,027

From: Social Security Bulletin, Annual Statistical Supplement, 1982 through 1988

Supplemental Security Income (SSI) Basic Program

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: Social Security Act
Amendments of 1972, Title XVI

Mission of Program

Programs established under the Social Security Act and related laws have the basic objectives of providing for the material needs of individuals and families, protecting aged and disabled persons against the expense of illness that could otherwise exhaust savings, keeping families together, and giving children the opportunity to grow up in health and security.

Eligibility for Services

Persons who have a disability, are blind, or are over the age of 65 may be eligible to receive Supplemental Security Income (SSI) benefits. Individuals over the age of 18 qualify if they have a physical or mental disability that will prevent them from working for at least 12 months or is expected to result in death. Under the age of 18, individuals with a physical or mental disability qualify if the severity of their disability would prevent an adult from working and it is expected to last for 12 months or result in death. Individuals who are blind qualify if their vision is 20/200 with correction, or if they have a limited visual field of 20 degrees or less in the better eye with the use of glasses. Determination of disability or blind status is made by the Disability Determination Services with the Department of Rehabilitative Services and is based upon formal reports of treatments from professionals and facilities. Eligibility is established through an application process made at the Social Security Office.

Income and resources are also considered in determining eligibility. Income includes earnings such as pensions or checks, and non-cash items such as food or shelter. Resources are personal possessions such as stocks, savings, real estate, a car, and cash. An individual may be eligible for SSI with resources up to $2,000 and up to $3,000 for couples. Resources and income of the spouse or parent/guardian may also be considered. Several sources of income and resources may be excluded when determining SSI eligibility, such as the home that the individual lives in and food stamps.

Individuals living in an institution, halfway house, or in city or county resthomes usually do not qualify for SSI eligibility. The following exceptions apply if the individual lives in:

1) a publicly operated community residence that serves 16 people or less;

2) a public institution to receive educational or job training;

3) a public emergency shelter for the homeless;

4) a public or private institution and Medicare pays more than half of the costs of individual care; and

5) some private institutions.

Persons who qualify for SSI are classified as an individual or couple. An individual is an eligible SSI recipient who is not married or who has a spouse who does not qualify for SSI benefits. Two persons who are married or living together, and both are eligible for SSI, qualify as a couple. The eligible individual is the person who applied first or who is older and the other person is considered the eligible spouse. Classification of the couple for benefits is determined by the eligible individual's classification as blind, disabled, or aged.

Scope of Services

The State of Virginia follows federal regulations for the administration of Supplemental Security Income (SSI) payments. SSI benefits are paid in the form of a monthly check to qualified persons. The basic federal SSI payment for an eligible individual is $368.00 a month and for an eligible couple the amount is $553.00 a month. These figures can be reduced depending on the income of the individual and if applicable, the income of a parent or spouse.

A person receiving SSI may be eligible to receive other benefits. These include food stamps, Medicaid, social services, and training and support services. Eligibility for these services is not automatic. Food stamps can be applied for at the Social Services or Social Security Offices, Medicaid at the Medical Assistance Office, social services at the Social Service Office, and training and support services from vocational rehabilitation and other community agencies. Additional evaluation costs required to determine eligibility are covered by Social Security.

A mandatory state supplementation of SSI payments is required by federal law for those individuals who have converted to SSI from state assistance programs for the aged, blind, or disabled. The State Supplement ensures that the recipient's monthly income is not less under SSI than under the former state program. Payments are automatic and do not require an application process.

Virginia differs from several other states, in that a state supplement to the basic federal program is not available from Social Security. A base federal income support level for eligible persons was established under Title XVI of the 1972 Amendments and states were given the option of providing state or federal supplements. In 1984, it was reported that 23 states and the District of Columbia had federally administered state supplemental payments, 22 states had state administered state supplements, and five states did not supplement the federal program (Braddock, 1987). Virginia administers its supplements through state agencies other than Social Security. The largest supplement provided by the state is the Food Stamp Program administered by the Social Services Agency.

Extent of Services

The total number of persons in Virginia receiving Supplemental Security benefits during 1988 was 95,993. A total of $19,573,344.76 was paid to SSI recipients in Virginia in 1988. A breakdown of the number of persons receiving benefits and the amount received for each eligibility category is located in Table 1. Payment of benefits is initiated with the date of contact following eligibility determination.

Effectiveness of Services

The purpose of the SSI program is to provide monthly financial assistance to qualified persons with a limited income and few resources. The total number of persons receiving SSI benefits in Virginia has increased from 77,572 in 1982 to 88,949 in 1987. A breakdown of the number of persons receiving benefits by eligibility category is located in Table 2. The total yearly expenditure for SSI benefits has also increased from $145,133,000.00 in 1982 to $204,556,000.00 in 1987. The amount spent per year by eligiblity category is listed in Table 3. The average monthly payment in 1982 was $196.73 as compared to $237.02 in 1987. The numbers suggest the program's effectiveness in providing assistance to those persons with limited incomes. Needs assessment data are necessary to determine if the program's goals are being accomplished.

Periodic reviews are conducted to verify the program's effectiveness in providing benefits for the persons entitled to receive them. The Disability Determination Services Office completes a quality review of a percentage of all claims which they have reviewed and made medical eligibility decisions on. An average of 70% of the claims reviewed for disability determination are denied as not meeting the medical eligibility requirements. The Disability Quality Branch Office conducts a review of claims that have been determined eligible to receive SSI benefits by Disability Determination Services. The claims are selected by the system and reviewed at the regional office. Central Office checks a percentage of the ten regional Disability Quality Branch cases that have been reviewed to verify consistency in determination decisions around the country. Persons applying for benefits can go through an Appeals Process for reconsideration of a claim that is denied. If the appeal is denied the individual can request a hearing by the Administrative Law Judge. The final step in the review process following a denial from the Appeals Council is a federal court hearing.

A new review was begun at the Social Security Office in March of 1989 called the Targeted Assessment System. Claims with specific categories are set aside for review. These categories include: 1) SSI (interest income, wages, self-employment, in kind support maintenance), and 2) Social Security (manually determined eligibility cases termed 101, lag earnings, proof of age entitlement requirements, and proof of relationship requirements). Fifty percent of the claims within one of these categories are reviewed.

Work incentives have increased the effectiveness of the SSI program by reducing the risk of income loss or Medicaid eligibility for those individuals who return to work. Section 1619a provides special Supplemental Security Income payments and Section 1619b provides continued Medicaid coverage. Other SSI work incentives include impairment-related work expenses, continued payment under a vocational rehabilitation plan, Plans for Achieving Self-Support (PASS), and blind work expenses.

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or contact your local Social Security office

Table 1: Number of Supplemental Security Income Recipients and Yearly Amount Paid in Virginia During 1988

Category	Number of Adults	Number of Children	Total Number	Total Amount
Aged Individual	28,527		28,527	$4,067,609.23
Aged Spouse	2,492		2,492	286,136.43
Blind Individual	1,443		1,443	337,820.81
Blind Spouse	47		47	6,714.88
Blind Child		192	192	50,730.44
Disabled Individual	54,771		54,771	12,734,951.52
Disabled Spouse	2,258		2,258	341,054.31
Disabled Child		6,149	6,149	1,748,327.14
Essential Persons	114		114	.00
GRAND TOTALS	89,652	6,341	95,993	$19,573,344.76

From: Social Security Administration, Commonwealth of Virginia, February, 1989

Table 2: Number of Persons Receiving SSI Benefits in Virginia in 1987 by Eligibility Category

	Eligibility Category			
Year	Disabled	Blind	Aged	Total
1982	45,583	1,421	30,568	77,572
1983	47,786	1,433	30,101	79,320
1984	49,899	1,465	31,705	83,069
1985	52,419	1,486	31,427	85,332
1986	55,039	1,485	30,795	87,319
1987	57,122	1,494	30,333	88,949

From: Social Security Bulletin, Annual Statistical Supplement, 1982 through 1988.

Table 3: Amount of Yearly SSI Payments in Virginia by Eligibility Category

	Eligibility Category			
Year	Disabled	Blind	Aged	Total
1982	$100,489,000	$3,211,000	$41,433,000	$145,133,000
1983	110,679,000	3,450,000	42,637,000	156,766,000
1984	125,012,000	3,693,000	46,281,000	174,986,000
1985	132,999,000	3,874,000	46,978,000	183,851,000
1986	145,664,000	3,968,000	47,375,000	197,007,000
1987	153,627,000	4,025,000	46,904,000	204,556,000

From: Social Security Bulletin, Annual Statistical Supplement, 1982 through 1988.

Social Security Disability Income (SSDI)
Disabled Worker Benefits

Program Overview

Administering Agency: Social Security Administration (SSA)

Enabling Legislation: Social Security Act Amendments of 1956, Title II

Mission of Program

Programs established under the Social Security Act and related laws have the basic objectives of providing for the material needs of individuals and families, protecting aged and disabled persons against the expense of illness that could otherwise exhaust savings, keeping families together, and giving children the opportunity to grow up in health and security.

Eligibility for Services

Virginia follows federal eligibility criteria for determining eligibility for services. Social Security benefits are paid to persons who have a physical or mental impairment which prevents them from working for 12 months or more, or is expected to result in death. Work is defined as any gainful activity that can be found in the national economy, not necessarily the work performed before disability. Disability determination is made by Disability Determination Services with the Department of Rehabilitative Services. Benefits continue for as long as the person is disabled and is not engaging in Substantial Gainful Activity (SGA)--earnings of $300.00 or more a month.

A person is qualified for benefits if they are a worker under 65 and retirement benefits if they are a worker over the age of 65. An unmarried child under the age of 18 may receive Auxillary Benefits on the record of a living qualified person's work record and Survivor Benefits on a deceased qualified worker's record. These payments are referred to as Child Benefits. Disability payments are not made until after age 18, and will terminate when the person marries unless he or she marries another person receiving these benefits. Spouses may also receive benefits under the qualified person's work record if they are caring for a child who is over age 18 and disabled, or under the age of 16. In addition, spouses qualify under the person's work record for benefits payable at age 50 if their widow or widower became disabled before the person's death or within seven years after his/her death. A divorced spouse with a disability is also eligible if the marriage lasted at least ten years.

Eligibility for SSDI benefits is determined by an individual's work record. The individual must have worked long enough and recently enough under Social Security to be insured. One credit is received for each $500.00 earned in 1989, for up to four credits with annual earnings of $2,000.00 or more. The amount of earnings required for credits increases each year with general raises in wage level. The number of credits required to receive benefits depends upon the age when the person becomes disabled. If a person becomes disabled before age 24, a total of 6 credits must be earned in the 3 year period before the disability starts. An individual between the age of 24 and 31 must have credit for working half of the time between 21 and the time of disability. Individuals after age 31 generally need to have earned 20 credits in the 10 years before their disability and also need to have as many total work credits as needed for retirement.

Disability benefits are obtained through an application process at the Social Security office. A waiting period of 5 full months after the onset of disability is required before payments can begin.

Scope of Services

The purpose of the SSDI program is to partially replace income loss due to disability. The program provides cash benefits to an individual or family following the loss of income of the worker due to a disability. SSDI is an entitlement program funded with Social Security tax dollars.

The average monthly payment in 1989 for a worker receiving disability benefits is $529.00. A worker with a family can receive an average of $934.00. The actual dollar amount is based on the worker's lifetime average earnings that were covered by Social Security. The amount of SSDI benefits received can be reduced if the individual is eligible for a government pension, workers compensation, disability benefits from civil service or military programs, or a pension from work not covered by Social Security.

SSDI benefits continue to be paid unless the impairment improves or SGA is engaged in. Payments are continued after termination for a 3 month adjustment period.

Medical evaluations, tests, and certain travel expenses required for determining eligibility are paid by Social Security.

A person entitled to Social Security disability benefits for 24 months is eligible to receive Medicare. Medicare is administered by the Health Care Financing Administration and can be applied for at the Social Security office. Medicare coverage can continue for 39 months after the individual returns to earning SGA and has completed the trial work period.

Extent of Services

A total of 65,175 persons received Disabled Worker benefits in 1987. An additional 20,992 children and 7,288 spouses qualified to receive benefits under the Disability Program. The total number of SSDI Disabled Worker recipients in 1987 was 93,455. An estimated 3,972 million dollars was spent on Old Age, Survivors, and Disability Insurance (OASDI) benefit payments in Virginia in 1987. OASDI benefits are paid under the Disability Program, Survivor Program, or Retirement Program. A breakdown of the numbers receiving benefits under these programs and the monthly amount received is located in Table 1. The estimated amount of total benefits paid under the Disability Program in 1987 was 463 million dollars.

Effectiveness of Services

The objective of the SSDI program is to partially replace the lost income of persons who become disabled and are unable to work. The number of persons receiving Disabled Worker benefits in Virginia has increased almost every year from 62,479 in 1982 to 65,175 in 1987. The only two years which reflect a decrease in numbers of recipients over the previous year are 1982 and 1983. The total amount of monthly Disabled Worker Benefits have continuously increased from $23,550,000.00 in 1980 to $32,069,000.00 in 1987. The average monthly payment per worker has also increased from $354.98 in 1980 to 492.05 in 1987. The breakdown of number of recipients, total monthly benefit, and average monthly benefit by year is located in Table 2.

Program effectiveness can be measured by the program's ability to provide financial and medical assistance to persons who have become disabled and are unable to work. The data indicate that the program has been effective in providing cash benefits to the increasing numbers of persons who qualify to receive disability benefits. Needs assessment data are necessary to determine if the program's goals are being accomplished.

Periodic reviews are conducted to verify the program's effectiveness in providing benefits for the persons entitled to receive them. The Disability Determination Services Office completes a quality review of a percentage of all claims which they have reviewed and made medical eligibility decisions on. An average of 70% of the claims reviewed for disability determination are denied as not meeting the medical eligibility requirements. The Disability Quality Branch Office conducts a review of claims that have been determined eligible to receive SSDI benefits by Disability Determination Services. The claims are selected by the system and reviewed at the regional office. Central Office checks a percentage of the ten regional Disability Quality Branch cases that have been reviewed to verify consistency in determining decisions around the country. Persons applying for benefits can go through an Appeals Process for reconsideration of a claim that is denied. If the appeal is denied, the individual can request a hearing by the Administrative Law Judge. The final step in the review process following a denial from the Appeals Council is a federal court hearing.

The eligibility requirements of the SSDI income maintenance program create disincentives against employment for recipients wanting to return to work. Persons who choose to return to work often risk losing the financial assistance and medical protection that the program was designed to provide. One measure of program effectiveness would be the reduction of disincentives for those persons who are able to work. Several work incentives have been made available to SSDI recipients to ease the transition between being on disability payments and being self-sufficient again. A trial work period provides a 9 month period which allows workers the opportunity to test their ability to work while continuing to receive full SSDI benefits. A 36 month reinstatement period after the trial work period allows an individual to engage in SGA while maintaining eligibility for SSDI benefits. Cash payments are reinstated during any month that earnings fall below SGA level. Medicare coverage is continued during the 36 month reinstatement period and for an additional 3 months after that. Impairment-related work expenses that are required for work can be deducted from earnings for determining SGA level. Work incentives have reduced the disincentives associated with returning to work for people with disabilities, however the risk of losing income or Medicare coverage still exists. The Social Security Work Incentives Act of 1989 (H.R. 8) has been proposed to extend Section 1619 coverage to persons receiving SSDI benefits.

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or contact your local Social Security office

Table 1: Number of Persons Receiving OASDI Benefits and Total Monthly Amount Received in Virginia in 1987 by Benefit Program

Disability Program

	Disabled Workers	Spouse	Child	Total
Number of Recipients	65,175	7,288	20,992	93,455
Total Monthly Benefit	$32,069,000	$966,000	$3,124,000	$36,159,000

Survivor Program

	Widows, Widowers, or Parents	Children	Total
Number of Recipients	116,475	40,120	156,595
Total Monthly Benefit	$49,556,000	$14,375,000	$63,931,000

Retirement Program

	Retired Workers	Spouse	Child	Total
Number of Recipients	468,286	60,702	8,254	537,242
Total Monthly Benefit	$224,512,000	$15,072,000	$1,768,000	$39,291,200

From: Social Security Bulletin, Annual Statistical Supplement, 1988

Table 2: Number of Persons Receiving Disabled Worker Benefits, Average Monthly Amount Received, and Total Monthly Benefits by Year in Virginia

Year	Number of Recipients	Average Monthly Payment	Total Monthly Benefit
1980	66,350	$354.98	$23,550,000.00
1982	62,479	421.78	26,354,000.00
1983	62,075	436.13	27,072,000.00
1984	62,765	450.95	28,304,000.00
1985	63,301	464.97	29,433,000.00
1986	63,760	468.20	29,433,000.00
1987	65,175	492.05	32,069,000.00

From: Social Security Bulletin, Annual Statistical Supplement, 1982 through 1988.

Special Education

Special Education Basic State Grant

Program Overview

Administering Agency: Department of Education (DOE), Division of Special Education Management and Programs

Enabling Legislation: P.L. 94-142, The Education for All Handicapped Children Act, Part B, as amended

Mission of Program

The Virginia Department of Education shall ensure that all persons with handicaps from 2 to 21, inclusive, are identified, evaluated, and have available a free and appropriate public education. The Virginia Department of Education ensures that all persons with handicaps from 0 to 2 are identified.

Eligibility for Services

All children who are handicapped in the Commonwealth of Virginia, ages 2 to 21 inclusive, have available a free, appropriate public education. The term "handicapped children" means those children who are mentally retarded, hard of hearing, deaf, speech or language impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, other health impaired, autistic, deaf/blind, severely and profoundly handicapped, multihandicapped, or have a specific learning disability, who, because of such impairments, need special education and related services. Eligibility of children for special education programs and related services shall be based upon a formal agreement involving the following assessment components: educational, medical, sociocultural, psychological, developmental and others where appropriate and/or necessary. An eligibility committee reviews the assessment components to determine if a child qualifies for special education and related services.

Scope of Services

Special education creates specially designed instruction at no cost to the parent to meet the unique needs of a child who is handicapped, and includes classroom, home, hospital, institutional or other instruction, including physical education and vocational education. Related services include transportation and such developmental, corrective, and other supportive services as are requested to assist each child to benefit from special education. The Board of Education shall determine by regulation standards which instruction and services must be provided pursuant to an Individualized Education Program (IEP).

Extent of Services

Tables 1-5 provide data on the educational placements of students with disabilities in Virginia during the 1986-1987 school year. Of those students served in the public school system (excluding special facilities, etc.), the highest percentage of students (38%) received special education services in a resource room setting. Thirty percent of the students received services in the regular classroom, with 29% served in separate classrooms. A more detailed description of the data can be found in the tables.

Total appropriations for special education services increased by 40.6% from FY 1987-1990. A major increase of 28.3% in funding levels occurred in FY 1989.

The 1990-1992 Virginia State Plan for the Education of Handicapped Children includes policies and procedures for developing and implementing interagency agreements between the State Education Agency and other appropriate state and local agencies. The Department of Education will initiate the negotiation of the interagency agreements with the state agencies involved in providing special education and related services to the handicapped. The interagency agreements will contain the following components:

a) define the financial responsibility of each agency to provide free, appropriate, public education to handicapped children;

b) include a mechanism for resolving interagency disputes;

c) include procedures under which local education agencies may initiate proceedings to secure reimbursement from other agencies;

d) include procedures for implementation of the agreements; and

e) involve the state Departments of Mental Health and Mental Retardation and Substance Abuse Services, Corrections, Social Services, Rehabilitative Services, Visually Handicapped, Deaf and Hard of Hearing, and Health.

In addition to these agencies, agreements will be negotiated with the Department for Rights of the Disabled, Department of Correctional Education and the Virginia Division for Children. The Interagency Coordinating Council on Delivery of Related Services to Handicapped Children was created by the Virginia General Assembly during its 1983 session. Among the duties of the Council are the development of an interagency state plan for the provision of related services, the initiation of cooperative agreements at the local level, and the resolution of conflicts between agencies.

Effectiveness of Services

The Department of Education through its Basic State Grant Program has sought to ensure each child with a handicap a free, appropriate public education. Issues still remain in the implementation of special education and related services in the local school divisions. During the process of gathering information for the 1990 Report, a work session on education was held allowing individuals to express their concerns about the special education services provided in Virginia. Highlights of the comments made are summarized here.

A. There are currently insufficient and inadequate mechanisms for monitoring, and, a general lack of consensus regarding compliance with state and federal standards, most notably in regard to the least restrictive environment (LRE).

The issue of school monitoring, both at the local and state level, were recently underscored by a report to the Governor from the Virginia Board of Education. Within that report it was noted that state and local monitoring have been inadequate, and that the state has been lenient in granting waivers to localities on class size, student placements, and teacher certification requirements. While relatively few violations of the federal or state educational code can be found, there does exist a general perception that neither state nor local agencies have vigorously embraced the spirit of equal and integrated education, as delineated by the Education for All Handicapped Children Act (P.L. 94-142). Four specific examples in which local and state monitoring mechanisms have been inadequate can be identified. These examples include: LRE placement, Individualized Education Program (IEP) development and implementation, adequacy of physical plants, and as previously discussed, teacher endorsement.

LRE--There are inadequate provisions for LRE implementation due to the use of regional or local self-contained program options as the sole educational placement opportunity, particularly for students with developmental disabilities. In these localities, there are very limited options, and as such, LRE is difficult to operationalize.

IEP Development--Most parents are poorly informed about their rights and responsibilities in the IEP process. They are frequently not involved in the development of the IEP, and may be asked to approve partially completed program plans that do not specify support services. A report from the

Board for the Rights of the Disabled indicated that nearly one-third of the respondents in a recent survey expressed dissatisfaction with the special education services they had received through the IEP. Additionally, 20% of the respondents felt that they had not received the services which had been recommended within their IEPs.

Physical Plant--In many localities, the buildings and classrooms in which special education students receive their instruction are in need of repair, are not accessible to students in wheelchairs, or are too small to adequately accommodate the number of students and amount of equipment that is required. Additionally, the simple location of special education classrooms within integrated schools is usually such that interaction and intermingling with nonhandicapped students is minimized. Examples of this that were cited include location in a separate wing of the building, at the end of a hallway, or in a trailer annex.

B. Students of special education are exiting schools (e.g., aging out) without the skills or experiences necessary to maximize their independence, productivity, and integration.

Students exiting special education all too often enter adulthood without the skills and abilities needed to lead an independent, productive, and socially integrated lifestyle. One recent report conducted by the Community Services Assistance Center surveyed teachers, social workers, and other caregivers of over 1,000 18 to 21 year-old special education students across the Commonwealth. The results of that study indicated that nearly 68% of the students would require day services in the future while 49% would require residential services. Additionally, a recent study conducted by Dr. Wehman and his colleagues at Virginia Commonwealth University indicated that nearly 58% of individuals with mental retardation who graduated from special education programs in this state were unemployed. Similar figures may be identified for other developmental disabilities. Clearly, these results indicate that students exiting special education programs in this state are not adequately prepared to become productive members of society.

A number of factors may be identified to account for the post-school difficulties experienced by special education graduates. Most notably, there appears to be a lack of opportunities for students at the secondary school level to gain experience and training in occupational preparation. Very few school programs offer comprehensive vocational training and preparation that provide community-based instruction and job placement. Furthermore, many school divisions and local community service boards have not yet developed or implemented a coordinated, interagency approach to addressing the needs of graduating special education students. Clearly, the development of such transition plans and programs must be recognized as a critical aspect of the successful movement of students from school into adulthood. Additionally, schools need to develop and implement comprehensive and longitudinal vocational preparation programs which provide students with a variety of occupational experiences and allow students to receive instruction and training in regular employment settings, outside of the school.

C. The majority of students with disabilities are regularly denied access to, and experiences with, age appropriate peers who are not handicapped.

For many students in special education, and for the majority of those identified as developmentally disabled, school is often an experience shared only with other children who are themselves disabled. A significant number of special education students do not regularly receive their education in their own community. Even more of these students do not receive their education in their home school, that is, the one in which their sisters and brothers and neighborhood nonhandicapped friends attend. In 1987, approximately 15% of all children with developmental disabilities received their education outside of their home community, either in regional programs, in-state private programs, state operated training centers, or out-of-state placements. One recent report indicated that 63% of all students with severe disabilities attended school in segregated settings, where they have no opportunity to interact with nonhandicapped peers. Additionally, placement within such segregated settings is often made with little regard for age-matching; that is, placing students with other students of comparable age. One recent report indicated that 75% of the SPH classrooms in Virginia had students that varied in ages of 4 to 9 years. That means that students who are 5 years old could be in the same classroom as students who are 13 or 14 years old.

Additional issues raised by individuals concerned with the educational opportunities of children with developmental disabilities include: 1) The lack of data on specific developmental disability populations being served by the Department of Education. This is particularly the case for children who are autistic. Currently, the data collected do not break down specific populations, making it difficult to assess how certain groups are being served. 2) The current proposal made by the Board of Education to expand a residential facility program for students who are multihandicapped deaf and/or blind to include services for students with other multihandicaps, severe mental retardation, and autism. Additionally, the Board is recommending that legislation be drafted and submitted to the General Assembly to encourage the educational placement by local school divisions of students who are severely mentally retarded, multihandicapped, and autistic to this newly expanded facility. Concerns have been raised about these recommendations and it has been suggested by individuals involved in the education of students with developmental disabilities that no action be taken until an indepth report is done by the Department of Education. The report needs to address the array of possible alternatives and their positive and negative implications.

The special education system in Virginia has been making strides toward resolving some of the issues previously raised. One example is the Virginia Statewide Systems Change Project. The Virginia Department of Education, in cooperation with George Mason University, the University of Virginia, and Virginia Commonwealth University, has undertaken a five-year effort to implement a statewide systems change grant funded by the U.S. Department of Education, Office of Special Education and Rehabilitation Services. The project's purpose is to significantly increase the number of students with severe disabilities (students with handicapping conditions including autism, severe to profound mental retardation, and severe multiple handicaps) who receive appropriate educational services in local general education schools. Other primary objectives include increasing the quantity and quality of social interaction between students with severe disabilities and their nonhandicapped peers, and increasing the implementation of recognized best practices in educating students with severe disabilities in project sites.

The project currently assists 11 school divisions in implementing local systems change plans which were developed by teams of district and building administrators, special and regular educators, and parents during the 1987-1988 and 1988-1989 school years. These 11 school divisions are now in the implementation phase of their systems change efforts. During the 1989-1990 school year, an additional three school divisions will begin the planning stage of the systems change process. Project assistance to those school divisions will focus initially on facilitating the planning necessary to insure that all parties involved--administrators, teachers, parents, and students--receive the information, support, and other preparation necessary to successfully make the transition to a better-integrated school division.

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TABLE 1

HANDICAPPING CONDITION / EDUCATIONAL PLACEMENT 1986-1987	REGULAR CLASS (A)				RESOURCE ROOM (B)			
	CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION PRIMARILY IN REGULAR CLASS BY AGE CATEGORY				CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION IN RESOURCE ROOM BY AGE CATEGORY			
	(1) 3-5	(2) 6-11	(3) 12-17	(4) 18-21	(5) 3-5	(6) 6-11	(7) 12-17	(8) 18-21
Mentally Retarded	3	22	100	47	9	228	1606	450
Hard of Hearing	16	154	163	16	16	68	59	14
Deaf	1	5	6	1	1	12	21	2
Speech/Language Impaired	3938	13551	1160	44	1394	6921	962	42
Visually Handicapped	45	227	230	26	3	29	18	5
Seriously Emotionally Disturbed	0	224	400	30	2	315	1125	102
Orthopedically Impaired	26	166	60	13	5	50	15	2
Other Health Impaired	7	34	27	3	3	28	28	3
Specific Learning Disabled	13	3094	5042	497	52	9438	13494	1215
Deaf-Blind	0	0	0	0	0	0	0	0
Multihandicapped	9	18	7	0	5	43	49	16
TOTAL	4058	17495	7195	677	1490	17132	17377	1851

TABLE 2

EDUCATIONAL PLACEMENT 1986-1987	SEPARATE CLASS (C)				PUBLIC SEPARATE SCHOOL FACILITY (D)			
	CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION IN SEPARATE CLASS BY AGE CATEGORY				CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION IN PUBLIC SEPARATE FACILITIES BY AGE CATEGORY			
HANDICAPPING CONDITION	(9) 3-5	(10) 6-11	(11) 12-17	(12) 18-21	(13) 3-5	(14) 6-11	(15) 12-17	(16) 18-21
Mentally Retarded	310	3916	4632	1147	67	356	475	323
Hard of Hearing	18	95	51	5	5	17	15	1
Deaf	63	144	92	11	3	2	2	0
Speech/Language Impaired	97	319	27	2	74	0	0	0
Visually Handicapped	33	104	67	1	1	12	31	3
Seriously Emotionally Disturbed	30	1485	1638	95	5	122	563	40
Orthopedically Impaired	41	133	71	18	28	28	5	10
Other Health Impaired	15	79	35	8	22	51	30	9
Specific Learning Disabled	139	6012	6306	379	2	93	24	11
Deaf-Blind	0	1	1	0	0	0	0	0
Multihandicapped	95	295	235	87	54	89	101	64
TOTAL	841	12583	13155	1753	261	770	1246	461

TABLE 3

EDUCATIONAL PLACEMENT 1986-1987	PRIVATE SEPARATE SCHOOL FACILITY (E)				PUBLIC RESIDENTIAL FACILITIES (F)			
	CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION IN PRIVATE SEPARATE FACILITIES BY AGE CATEGORY				CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION IN PUBLIC RESIDENTIAL FACILITIES BY AGE CATEGORY			
HANDICAPPING CONDITION	(17) 3-5	(18) 6-11	(19) 12-17	(20) 18-21	(21) 3-5	(22) 6-11	(23) 12-17	(24) 18-21
Mentally Retarded	1	7	33	13	1	13	39	172
Hard of Hearing	0	2	0	0	0	0	0	0
Deaf	0	0	1	0	10	64	101	52
Speech/Language Impaired	2	0	0	0	0	0	0	0
Visually Handicapped	3	5	15	1	3	14	34	20
Seriously Emotionally Disturbed	0	48	159	11	0	52	99	35
Orthopedically Impaired	0	1	1	0	0	0	0	15
Other Health Impaired	1	5	3	1	0	10	1	30
Specific Learning Disabled	0	47	68	2	0	0	2	4
Deaf-Blind	0	0	0	0	2	1	6	2
Multihandicapped	0	9	9	0	4	26	87	172
TOTAL	7	124	289	28	20	180	369	502

TABLE 4

EDUCATIONAL PLACEMENT 1986-1987 / HANDICAPPING CONDITION	PRIVATE RESIDENTIAL FACILITIES (G)				CORRECTION FACILITIES (H)			
	CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION IN PRIVATE RESIDENTIAL FACILITIES BY AGE CATEGORY				CHILDREN AND YOUTH WHO RECEIVED SPECIAL EDUCATION IN CORRECTION FACILITIES BY AGE CATEGORY			
	(25) 3-5	(26) 6-11	(27) 12-17	(28) 18-21	(29) 3-5	(30) 6-11	(31) 12-17	(32) 18-21
Mentally Retarded	22	56	23	13	0	0	41	29
Hard of Hearing	0	0	0	0	0	0	2	0
Deaf	0	0	0	0	0	0	0	0
Speech/Language Impaired	0	0	0	0	0	0	8	1
Visually Handicapped	0	0	1	0	0	0	0	1
Seriously Emotionally Disturbed	0	22	304	38	0	0	272	38
Orthopedically Impaired	0	0	1	1	0	0	0	0
Other Health Impaired	1	7	11	1	0	0	0	0
Specific Learning Disabled	0	4	44	3	0	0	100	16
Deaf-Blind	0	0	1	1	0	0	0	0
Multihandicapped	0	3	21	9	0	0	27	7
TOTAL	23	92	406	66	0	0	450	92

Table 5

Educational Placement 1986-1987	Homebound/Hospital Environments (I)			
	Children and Youth Who Received Special Education in Homebound/Hospital Educational Environments By Age Category			
Handicapping Condition	(33) 3-5	(34) 6-11	(35) 12-17	(36) 18-21
Mentally Retarded	8	19	40	35
Hard of Hearing	0	0	0	0
Deaf	2	0	0	0
Speech/Language Impaired	12	2	1	1
Visually Handicapped	7	3	3	4
Seriously Emotionally Disturbed	0	22	68	17
Orthopedically Impaired	1	4	7	2
Other Health Impaired	8	26	36	9
Specific Learning Disabled	0	2	14	0
Deaf-Blind	0	0	3	1
Multihandicapped	5	7	8	4
Total	43	85	180	73

Programs for Preschool Children With Handicaps

Program Overview

Administering Agency: Department of Education (DOE), Early Childhood Special Education Programs

Enabling Legislation: P.L. 99-457, Title II

Mission of Program

The Commonwealth of Virginia was one of the first states to recognize the need for special education programs for young children with special needs. As early as 1954, the General Assembly authorized the Board of Education "to prepare and place in operation a program of special education designed to educate and train physically handicapped, emotionally disturbed and retarded individuals without regard to whether they are of school age" (Virginia Department of Education, 1985). Because state funds to assist local school divisions with the implementation of this enabling legislation were limited, financial assistance was provided only to those special education programs serving school-age children with handicaps. The need for early intervention programs continued to be recognized by professionals, parents, and advocacy groups throughout the state, however, and this concern and subsequent actions resulted in the enactment of mandatory legislation in 1968. At that time, the General Assembly directed the Virginia Board of Education "to prepare a program of special education designed to educate hearing impaired children of ages 2 to 20 . . ." (Virginia Department of Education, 1985). As a result of this legislation, statewide programs for hearing impaired preschool children were instituted during the 1970-1971 school year. In 1972, following the recommendations of a study by the Virginia Advisory Legislation Council, the General Assembly enacted mandatory legislation requiring the provision of special education services to all handicapped children, ages 2 to 21 inclusive. Following that legislation, local school divisions began to develop programs for preschool children with handicaps.

Eligibility for Services

Preschool children ages 2-5 who are identified as handicapped and in need of special education and related services are eligible to receive services in local public school division programs at no cost to their parents or guardians. Eligibility is determined by the same process that is used to determine eligibility of school-age children for special education services. Children are evaluated by a multidisciplinary team which assesses the child's strengths and needs in all developmental areas. Four evaluative components are required as part of the assessment process. They include a developmental (educational) assessment, a psychological assessment, a sociocultural assessment, and a medical assessment. Other components (e.g., speech-language; audiological) may be administered when a need for such is indicated. After the assessment components have been gathered, a team of professionals meets and reviews the information and data which have been gathered to determine if the child is eligible for special education services. If the child is found eligible, then a team meets to develop an Individualized Educational Program (IEP) for the child. The content of a preschool child's IEP should be the same as that developed for a school-age child and should include a statement of the child's present levels of educational (developmental) performance; a statement of annual goals, including short term instructional objectives; a statement of the specific special education and related services to be provided to the child, and the extent to which the child will be able to participate in the regular educational programs; the projected dates for the initiation of services, the amount and frequency to be delivered, and the anticipated duration of services; and appropriate objective criteria and evaluation procedures and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved. The IEP should also indicate those related services (e.g., occupational or physical therapy; transportation) which are to be provided to the child and a schedule of the services and the names or positions of the persons responsible for delivering the services.

A child's placement in a specific preschool program or classroom within a local public school division should be determined by his or her individual needs. The types of preschool programs for children with handicaps typically offered in Virginia's local public school divisions are home-based programs, center-based programs, and speech-language therapy programs (for children solely in need of speech-language intervention). Currently, the majority of preschool programs are center based. Some programs which are center based also include a home component. The caseload limit for center-based programs is 8 students per teacher. Each center-based program must also employ a paraprofessional for the hours the children attend the program. The caseload limit for teachers serving home-based students is 12.

Scope of Services

Public Law 99-457 extended all the rights and protections of P.L. 94-142 (EHA, Part B) to handicapped children ages 3 through 5 years by school year 1990-1991. By 1990-1991, all states applying for P.L. 94-142 funds must ensure that they are providing a free appropriate public education to all handicapped children ages 3 through 5. This program is to be administered through the state education agency and local education agencies. State and local education agencies may, however, contract with other programs, agencies and providers to enable them to provide a range of service models. While states are required to provide services to handicapped children ages 3 through 5, they are not required to report these children by disability category. Thus, states are not required to categorically label these children because of the data collection requirements of EHA, Sec. 618.

The committee report accompanying the P.L. 99-457 legislation addresses two issues which are important considerations in the development of programs for preschool children. One issue is that of family services. The report states that family services play an important role in preschool programs and that whenever appropriate, and to the extent desired by the parents, the IEP for a preschool child will include instruction for parents. The second important issue is that of variations which may be expected to exist between a program for preschool children with handicaps and one for school-age children with handicaps. Variations in length of school day and in the range and variety of preschool programs (e.g., part-day home based and part or full-day center based) are examples of acceptable and anticipated differences in programs for preschool children. While these two issues are not part of the actual P.L. 99-457 legislation, they reflect the spirit of the law inasmuch as all of the guarantees of P.L. 94-142 are now extended to the preschool population. Some differences in programming are expected due to the very young ages of the children involved.

In the 17 years since the enactment of mandatory legislation, there has been a steady growth in the number of children served in local programs for preschool children with handicaps. During the first several years following the enactment of the legislation, the growth in the number of preschool programs was slow. One of the major reasons for this was the lack of trained professionals to staff the programs. Another reason that programs were not instituted more readily at the local level was the limited awareness of both professionals and the public of the availability of such programs. As Child Find efforts at the state and local levels continued to increase and the word spread about the existence of preschool special education programs, an exponential growth in the numbers of children served occurred. In 1974-1975, 25 local school divisions were serving approximately 1,067 preschool children with handicaps. Ten years later, every school division had programs available for preschool children with handicaps and over 4,000 children (ages 2-4) were receiving services. The most recent Child Count data (December, 1988) reveal that 4,852 children with handicaps ages 2-4 were enrolled in local public school programs, while an additional 93 children below the age of 2 and 4,902 children age 5 were receiving special education services.

Extent of Services

Currently, there are over 500 teachers of preschool handicapped children employed in Virginia's local public school programs. Although there are currently six teacher preparation programs (JMU, VCU, ODU, GMU, UVa, and Lynchburg College) in the state which train teachers to serve preschool children with special needs, there continues to be a shortage of endorsed personnel to work with this population. At the present time, approximately 25% of practicing teachers of preschool students with handicaps are not endorsed and are employed under a waiver by the Department of Education as they work toward endorsement. Teacher endorsement for personnel serving preschool children who are handicapped in public school programs consists of 30 semester hours of coursework at the upper or graduate level.

As stated previously, special education and related services have been mandated for preschool children with handicaps since 1972. With the exception of the length of school day and, in some cases, the delivery of services in a home-based setting, the programs and services provided to preschool children in Virginia are the same as those provided to school-age children and are in compliance with the P.L. 94-142 legislation. In summary, P.L. 94-142 guarantees all of Virginia's children with handicaps, ages 2 to 21 inclusive, a free, appropriate public education at no cost to parents or guardians, nondiscriminatory assessment, an individualized education program, education in the least restrictive environment, and the protection of procedural safeguards to ensure that the child's rights to an appropriate education are upheld.

Effectiveness of Services

Since state legislation and practice assure that all of the rights and protections of P.L. 94-142 are currently extended to all preschool children with handicaps residing in Virginia, no significant changes in state legislation or Department of Education regulations are necessary to ensure that our state meets the requirements of section 619 of P.L. 99-457. There are some changes in current practice which, while not required, should be considered as our state continues to strive to develop and maintain comprehensive, quality programs for all young children with special needs, ages 0-5. The following recommendations are offered for consideration as early childhood special education programs continue to expand throughout the state:

1. Continue to expand Child Find efforts to ensure that all children with handicaps are identified and receive appropriate services. Local agencies should be encouraged to collaborate in the development of Child Find procedures which will be the most successful in locating and identifying children in their community in

need of services. Special attention should be given to reaching families (e.g., illiterate parents; homeless families) who might not be reached by traditional Child Find approaches. Child Find efforts for the birth to two population should be closely coordinated with efforts directed at older children, at both the state and local levels.

2. While preschool programs have been traditionally family focused, increased options for family involvement in their preschool children's programs should be encouraged. For children age 2 being served in local public school programs, consideration should be given to developing IFSPs which reflect a family focus in programming.

3. The role of the case manager (case coordinator) should be formalized for children in preschool programs. While the child's teacher usually serves as the case manager, formal identification of the professional serving as the case manager will assist in transition of children from early intervention (infant) programs to preschool handicapped programs.

4. Encourage local divisions to extend the noncategorical service delivery option to children ages 5-7, if it can best meet their needs.

5. Continue efforts to attract and retain qualified professionals to the field of early childhood special education. This would apply not only to teachers and interventionists, but also to pediatric therapists. Special efforts should be made to secure qualified personnel to serve in rural programs. The issue of qualified personnel must be addressed in the context of the more global issues surrounding teacher recruitment and retention (e.g., salaries, working conditions, acknowledgment of professional status within the community, support from parents and administrators).

6. Promote coordination of infant (early intervention) and preschool programs at the local level, especially in the area of transition from one program to another. Dates of exit from infant programs should be coordinated with entry dates into preschool handicapped programs so that children do not go unserved between their second birthdays and the beginning of the school year in public school programs. Other areas of potential collaboration include shared personnel, joint inservice offerings, and child identification and assessment.

7. Increase opportunities for integrated settings for service delivery options. This would provide preschool children with increased opportunities to interact with

nonhandicapped peers.

8. Maintain an awareness that federal funding of preschool and early intervention programs may be of limited duration. Encourage the development of stable funding bases which can sustain local programs in the event that federal funding is decreased or phased out.

9. Strive to develop and maintain a coordinated service delivery system for all children with special needs from birth through age five. Fragmentation of the service delivery system into two separate entities serving the birth to two population and the two to five population should be discouraged.

Documentation

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Programs for Infants and Toddlers with Handicaps

Program Overview

Administering Agency:	Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS), Office of Mental Retardation Children Services
Enabling Legislation:	P.L. 99-457, Title I (Part H)

Mission of Program

Title I institutes a new discretionary program for states to organize a "statewide, comprehensive, coordinated, multidisciplinary, interagency program of early intervention services for infants and toddlers who are handicapped and their families." This component of the law referred to as Part H, establishes for the first time a national policy to support services for children from birth through age 3 and their families. Each state is afforded the opportunity to apply for a grant to provide early intervention programs to infants and toddlers with handicaps and their families. The grant program is noncompetitive and funding is contingent upon meeting federal requirements.

Eligibility for Services

Each state is charged with the mission of developing a system that will provide services to very young children with special needs. In doing so, this system must include the following minimum requirements:

1. definition of the term developmentally delayed;
2. time tables to ensure services will be available to all who are eligible by the beginning of the fifth year in the program;
3. comprehensive, multidisciplinary evaluation of needs of children and families;
4. individual Family Service Plans (IFSP) and case management services;
5. a comprehensive child-find and referral system consistent with Part B;
6. a public awareness campaign focusing on early intervention;

7. a central directory of early intervention services, resources, experts, research, and demonstrated projects in each state;

8. a comprehensive system of personnel development;

9. a single line of authority to a lead agency;

10. a policy pertaining to contracting or making arrangements with local service providers;

11. a procedure for timely reimbursement of funds;

12. procedural safeguards;

13. policies and procedures for personnel standards; and

14. a system for compiling data regarding children and services.

These 14 minimum components must be analyzed carefully to ensure that all agencies involved in implementation completely understand the intent of the legislation. The decisions made in the implementation will have far reaching effects on the services provided.

Scope of Services

The Commonwealth of Virginia, long a leader in the area of early intervention, has made significant progress over the past 15 years in supporting the development of infant, toddler, and preschool services. In 1972, legislation was passed in Virginia which mandated a free and appropriate public education for all children and youth with handicaps from ages 2 to 21. The state plan reflecting this mandate was implemented in 1974. Currently, over 4,000 preschool children with handicaps are receiving services. Although services to infants and toddlers who are handicapped or at risk below the age of 2 are not mandated, approximately 3,000 infants and their families are receiving services in community-based early intervention programs throughout the state. Public Law 99-457 will have far reaching implications for the service delivery system that is already in place in Virginia.

In June, 1988, the Virginia Interagency Coordinating Council (VICC) organized four subcommittees to advise and assist the council in determining policy pertaining to these 14 minimum components. Subcommittees were established in the following areas:

1. Identification and Tracking. (Definitions, Early Identification, Child Find, Referral, Public Awareness, and Child Data System);

2. Service Delivery. (Local Planning, Technical Assistance and Evaluation, Assessment, IFSP Process, Case Management, Transition, Family Focus/Cultural Diversity, and Program Planning and Development);

3. Administrative/Legislative. (Program Standards, Procedural Safeguards/Dispute Resolution, State Level Identification of Gaps/Needs, Funding Issues, State Level Interagency Cooperation/Agreements, Legislative Functions, Policies for Contracting for Services, Central Directory of Services and Providers, and System Evaluation); and

4. Personnel. (Personnel Standards, Personnel Preparation, Professional Training/Inservice, and Human Resource Development).

By 1988, VICC had initiated a number of statewide activities designed to implement P.L. 99-457 which included but were not limited to the following:

1. On July 15, 1988, DMHMRSAS issued application packets to 40 localities inviting them to participate in Local Planning Activities for the Part H Program. Each locality received $10,000 to develop a local Interagency Council and perform duties outlined in a sequence of planning activities. The purpose of this project is to strengthen interagency service delivery and identify gaps or duplications in services.

2. On August 22, 1988, MHMRSAS issued a Request for Proposals for a statewide technical assistance and evaluation system to provide state level coordination and regional consultants to work with localities particularly in planning activities. Organizational Resource Associates (ORA) of Mansfield, Ohio was awarded a contract to provide technical assistance and evaluation to the 40 local planning groups funded with Part H monies.

3. On August 9, 1988, the Definition Subcommittee of the Identification and Tracking Committee met and drafted a working definition for "developmentally delayed" that will be used to determine eligibility for services under Part H. This proposed definition was presented for public comment through public hearings at five sites across the state. The definition subcommittee is still working towards concensus on the final draft of the definition.

4. The VICC has also initiated several public awareness activities. On September 1, 1988, MHMRSAS began publishing and distributing a monthly VICC Bulletin. The purpose of this bulletin is to keep Virginians

informed about activities related to early intervention.

5. On September 16, 1988, the Institutions of Higher Education Training Council held a symposium which was sponsored jointly by the Departments of Education and MHMRSAS. Representatives from colleges and universities from around the state examined personnel preparation issues related to cross-disciplinary training. A representative from NEC*TAS moderated this symposium which was the beginning activity in the development of a statewide training plan.

6. The five regional Technical Assistance Centers (TAC) for personnel serving preschoolers with handicaps have been expanded to provide technical assistance and training to personnel serving the birth to two population. Part H funds will be used to purchase library materials and provide training activities such as regional workshops and consultations to infant program staffs.

Extent of Services

Every year, beginning in FY 1987, DMHMRSAS (the lead agency) with assistance from the VICC, must submit an application for funding to the U.S. Department of Education. This application must outline Part H activities for a particular fiscal year, based upon requirements set by Congress and outlined in the statute. For FY 1987, Virginia's application was approved and $1,049,898 was received. The FY 1988 application was also confirmed and Virginia will receive $1,437,658 (funding period from October 1, 1988 to September 30, 1990).

Currently, federal monies are being used for program planning purposes. Implementation of programs under Part H will begin in FY 1991.

Effectiveness of Services

Public Law 99-457 represents tremendous accomplishments that have been made in the field of early intervention. The target date for full implementation is the 1991-1992 fiscal year. Although less than 2 years remain for the development and implementation of services for young children who are handicapped and at risk and their families, a number of pressing issues must be resolved in order for a full continuum of services to be available to young children with special needs and their families (Weiner & Koppelman, 1987). These involve issues of who can be served, the types of programs available, training of personnel, the coordination of services, and the nature of these services.

Eligibility. One of the most apparent issues that will have a significant impact on services surrounds eligibility for services. Because determining eligibility rather than diagnostic labeling is required by P.L. 99-457, placement decisions on the basis of diagnostic categories is not warranted. This legislation requires states to develop their own definition for "developmentally delayed" and leaves to their discretion whether to include infants and toddlers who are "at risk" for developing a handicapping condition. The decision on how large or "how small to draw the circle of inclusion" for eligibility will have a critical effect on other policies related to finance and personnel (Gallagher, Harbin, Thomas, Clifford, & Winger, 1988).

Personnel. Another significant challenge that will have a notable impact on services is the preparation of competent infant interventionists. Public Law 99-457 recognizes the need for qualified personnel and stipulates that services be provided by multidisciplinary teams. Further, it specifies that states establish procedures to ensure that these early intervention personnel are "appropriately and adequately prepared and trained," and suggests that this training be conducted on an interdisciplinary basis (Federal Register, 1987). In Virginia, we are confronted with chronic and critical personnel shortages. Although guidelines have been developed by an interdisciplinary task force, no certification standards exist for infant interventionists, and the result has been limited training and discrepant levels of expertise of personnel serving infants and toddlers throughout Virginia's early intervention service delivery system. As DMHMRSAS and the VICC work to develop and implement credentialing standards for early intervention personnel, there will be an increased demand for university trained interventionists. Few institutions of higher education throughout the Commonwealth, however, have established training programs for preparing interventionists to serve the birth to two population.

Family-Focused Intervention. One of the most critical areas of need in service delivery is the provision of family-focused intervention rather than only child-focused intervention. The family clearly has a powerful effect on the young child. However, for many years only the mother-child dyad was considered. Over the last few years we have rediscovered fathers and siblings and realized what important direct and indirect roles they play in the total family system. Services must be available which are responsive to the needs of the entire family.

Public Law 99-457 has forced all early intervention programs to embrace the family systems approach. The statute requires interventionists working with infants who are handicapped and at risk to develop Individual Family Service Plans (IFSP) in cooperation with families. The IFSP must include statements of family strengths and needs, as well as descriptions of services and outcomes for infants and families. By focusing on the needs of direct concern to families, we can develop trusting and collaborative relationships with families. By assisting families in achieving functional goals, we may ultimately facilitate the inclusion of the child as an integrated family member (Bailey et al., 1986). Interventionists must remember the fine line between helping families and interfering with their integrity and privacy. The message is to be aware of diversity across families and allow families to determine their individual level of involvement.

Case Management. There are many unresolved issues surrounding case management. The IFSP calls for a case manager who will be responsible for the implementation and coordination of services for each young child and his/her family. The case manager is to be named "from the professional most immediately relevant to the needs of the infant or toddler and family." In order to ensure that adequate case management is provided, each state must consider issues and questions related to the definition of case management; the identification of who should be case managers; and the roles, responsibilities, and training of case managers.

Transdisciplinary Teamwork. Another critical need is in the area of teamwork. Interventionists agree that the multifaceted problems for very young children are too complex to be addressed by a single discipline. Teams must include a variety of disciplines to pool and integrate the expertise of all members so that more efficient and comprehensive assessment, intervention plans, and direct service delivery can be provided. In contrast to traditional models in which disciplines tend to work in isolation, transdisciplinary team members must work closely together to assess cross-disciplinary skills, implement the roles of other members, and involve parents as members of the team.

Interagency Collaboration. While P.L. 99-457 is an amended education act, it focuses on interagency cooperation in carrying out services for young children with special needs. Mechanisms must be found to ensure interagency collaboration with the ultimate goal of improved services through better planning, coordination, and establishment of interagency agreements. State level agencies must institute policies and practices that open lines of communication, define roles and responsibilities, and clarify procedures involved in providing a comprehensive service delivery system (Gallagher, Harbin, Thomas, Clifford, & Wenger, 1988).

Continuum of Settings. Another major issue to be addressed is how to maximize opportunities for infants and young children to receive services in the least restrictive environment. Although Virginia has been a leader in early intervention, an area of service delivery that has virtually been unmet is that of providing mainstreaming opportunities for young children who are handicapped. A number of questions must be answered, such as whether a center-based setting is more or less restrictive than a home-based setting. A number of options must be explored, such as placements in local community programs for normally developing infants and toddlers.

Transition. Public Law 99-457 specifies that IFSPs for infants and toddlers must include a statement of the steps needed to support the transition of children to a preschool program. Guidelines for planning transitions must be developed to ensure smooth and effective transitions. Procedures must take into consideration the skills that will be required of each child in future environments and incorporate intervention relevant to their attainment of those skills (Noonan & Kilgo, 1986). In addition, strategies for preparing parents for transitions and supporting them in those transitions should be explored.

Documentation

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Weiner, & Koppelman. (1987). From birth to 5: Serving the

youngest handicapped children. VA: Capitol Publications, Inc.

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Deaf-Blind Services

Program Overview

Administering Agency: Department of Education (DOE)

Enabling Legislation: P.L. 94-142, The Education for All Handicapped Children Act, Sections VI-B and VI-C

Mission of Program

The mission of the Title VI-B program is to identify children with multisensory handicaps and educate them appropriately according to P.L. 94-142.

The mission of the Title VI-C program is to identify children with multisensory handicaps and provide technical assistance to the teachers of these children.

Eligibility for Services

Individuals are deaf-blind if they have auditory and visual handicaps, the combination of which causes severe communication and education problems. These individuals because of their dual impairments, cannot be properly accommodated in special education programs solely for children who are hearing handicapped or visually handicapped.

Scope of Services

Title VI-B monies are federal monies given to all states for providing special education and related services. This money is for serving all special education students--none of the funds is specifically earmarked for students who are deaf-blind.

Title VI-C monies are not to be used for the direct education of special education students. They are, however, specifically designated for assisting teachers of students who are deaf-blind.

The State Department of Education operates three university-affiliated technical assistance centers within Virginia. Each of these centers provides training and assistance to teachers of students who are deaf-blind in areas such as functional assessment of vision and hearing; alternative and augmentative communication systems; supported work; community-based instruction; independent living, self-help, and care skills; orientation and mobility; and systematic instruction.

In addition to these regional technical assistance centers, there is a state coordinator who assists special education administrators in identifying students who are deaf-blind.

Extent of Services

The State Department of Education operates a registry of all children who are deaf-blind in Virginia. At present there are 40 students in the registry, but the Department of Education estimates that there could be as many as 100. A majority of these students are not labelled deaf-blind. Most students labelled deaf-blind are being served in local schools, primarily in classrooms for students labelled severely and profoundly handicapped, multiply handicapped, or trainable mentally retarded. In addition, they may be served in classes for students with learning disabilities or emotional disturbance, or in regular classrooms with the support of an aide or speech and language therapist.

A small number of students who are deaf-blind attend the two state schools for deaf and blind students, or reside in state training centers for individuals with mental retardation.

There are no data on the amount of Title VI-B funds spent in Virginia on students who are deaf-blind. These funds are not designated for serving specific groups of students, and the funds go directly from the federal government to the local school systems.

Federal allocations of Title VI-C funds to Virginia were approximately $90,000 for the last program year (1988-1989). It is anticipated that the federal allocation for this program for the 1989-1990 program year will be close to $150,000.

Virginia's implementation of the Title VI-C program is similar to that of other states. A few differences, however, do exist. In some states, a single director is responsible for the VI-C program as opposed to Virginia where the director has additional responsibilities. Another difference is the method used to provide technical assistance to teachers. Virginia's approach is to use the three regional centers as compared to other states where one person is identified to provide this assistance.

Effectiveness of Services

Several issues have been identified in the use of Title VI-B and VI-C funds in Virginia.

The Department of Education has no state regulations and very few guidelines designating responsibility for who should provide services to students who are deaf-blind, or what services should be provided to these students. Thus, there are no teacher preparation courses or certifications in the area of deaf-blindness.

Because the federal guidelines for serving students who are deaf-blind are stricter than the guidelines for serving students with other disabilities, many students who are deaf-blind are incorrectly labelled as multiply handicapped or severely and profoundly handicapped. For example, the guidelines for serving a student identified as deaf-blind include provision of communication training and equipment, services which are not typically recommended for students in other disability categories.

Closely related to these issues of teacher competencies and actual services provided is the issue of funding. At present, there is no federal or state money specifically marked for direct services to students who are deaf-blind.

The State Department of Education is currently working to identify teacher competencies required for working with students who are low-functioning, such as those who are deaf-blind, autistic and severely orthopedically impaired. It is expected that identification of these competencies may lead to teacher certification requirements.

Documentation

Personal Communication. David Aldrich, June, 1989.

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Vocational Education

Program Overview

Administering Agency:	Department of Education, Division of Vocational Program Services, Special Programs
Enabling Legislation:	P.L. 98-524, Title II--Carl D. Perkins Vocational Education Act

Mission of Program

The Carl D. Perkins Vocational Education Act of 1984 requires the state to distribute funds to all eligible recipients to expand and improve programs and services to persons who are handicapped and disadvantaged. Further, the Act charges the recipients:

- To assure that individuals who are presently served inadequately by vocational education programs are provided access to quality vocational education programs, especially individuals who are handicapped, who are disadvantaged, and individuals that have limited English proficiency.
- To promote greater cooperation between public agencies and the private sector in preparing individuals for employment.
- To improve the academic foundation of vocational students and to aid in the application of newer technologies.
- To assist the most economically depressed areas of the state to raise employment and occupational competencies of its citizens.
- To utilize a full range of supportive services; special programs; and guidance counseling and placement.

Eligibility for Services

Individuals who are eligible for vocational opportunities offered by this program must meet certain criteria as stated within the Act. Persons receiving services must be properly identified, and there must be reasonable evidence that the individuals cannot succeed in a regular vocational program without special assistance. In Virginia, students in secondary schools who are handicapped are identified through special education. When a student is enrolled in vocational education, joint planning between vocational education and special education must take place.

Students who are handicapped are defined as mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, orthopedically impaired, or other health impaired persons, or persons with specific learning disabilities, who by reason thereof require special education and related services. Because of their handicapping condition these students:

(a) cannot succeed in the regular vocational education program without special assistance; or

(b) require a modified vocational education program.

Scope of Services

Individuals with handicaps receive vocational education instruction in a variety of settings. Three primary settings are secondary public schools, postsecondary institutions (for example, community colleges, Woodrow Wilson Rehabilitation Center) and community-based organizations.

During FY 1987-1988, the following services were provided in secondary school settings:

1. instruction in regular classes with support provided by itinerant teachers, resource teachers, teacher aides, tutors, interpreters, etc.;

2. professional development activities, resource materials, modified teaching techniques, and specially-designed equipment;

3. specially-designed programs, including programs in Agricultural Education, Business Education, Health Occupations Education, Home Economics Education, Technology Education, and Trade and Industrial Education, offered to students with handicaps in 85% of the school divisions; and

4. Education for Employment Program (EFE) and the Work Experience Cooperative Education Program (WECEP). All programs for the handicapped require a class size not to exceed 10 students per instructor, or 12 students where an aide is present, to allow for maximum teaching and innovative approaches to learning. Handicapped students enrolled in a regular vocational education course represent two students for the purpose of determining class size unless additional resource personnel is assigned to assist the teacher meet the special needs of the student.

Extent of Services

During 1987-1988, approximately 20,036 individuals with handicaps were served in secondary and postsecondary education settings, and through community-based organizations (CBOs). Table 1 breaks down the total number served by where they were trained and whether it was a mainstreamed or separate program.

Table 1

Virginia Enrollment of Persons with Handicaps in Vocational Classes (FY 1987-1988)

Training Location	Mainstream Programs	Separate Programs
Secondary Schools	14,789	3,930
Postsecondary Schools	202	966
Community Based Organizations		149

The 966 individuals served through separate postsecondary programs received their training from the Virginia School for Deaf and Blind in Staunton, Virginia School for Deaf and Blind in Hampton, and Woodrow Wilson Rehabilitation Center.

Effectiveness of Services

The enactment of P.L. 98-524 has helped to increase the accessibility of vocational education programs to individuals with handicaps. It is difficult to fully assess the effectiveness of these programs since current data collection requirements do not ask for information on what disability groups are being served and the specific vocational services they are receiving.

One area of concern expressed by local school divisions has been meeting the vocational assessment requirement of the law. The school divisions are in need of further technical assistance and support in this area. The assessment is required to determine the appropriate vocational placement and support services needed. The State Board for Vocational Education has recommended that regional career assessment centers be established and available to all students in the state. Through the combined efforts of special education and vocational education, 22 comprehensive vocational assessment centers are now in operation, serving 72 school divisions. Sixty-five divisions however, still have limited access to high quality vocational assessment programs and services. Funds were made available for special demonstration projects to establish four or more comprehensive assessment centers for FY 1989.

Another recommendation made by the Board in its FY 1987-1988 report is to establish joint inservice training programs focusing on the vocational needs of students who are handicapped for special education and vocational education teachers and supervisors, guidance counselors, and administrators. The inservice training would take place at regional meetings and statewide teleconferences and would assist in further strengthening vocational services to students with handicaps.

Documentation

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Virginia Department of Education. (1986, September). Serving the handicapped and disadvantaged in vocational education. Richmond: Division of Vocational Program Services, Special Programs.

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Special Education Programs In State Facilities--Mental Retardation

Program Overview

Administering Agency: Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)

Enabling Legislation: P.L. 94-142, as amended and P.L. 89-313, Title I of the Elementary and Secondary Education Act, as amended.

Mission of Program

State and federal laws entitle all children ages 2-21 inclusive, to a free public education regardless of their handicap or place of residence. These laws extend the rights for special education services to youth residing in Virginia's mental retardation training centers.

Eligibility for Services

Virginia's mental retardation facilities typically serve students who are severely or profoundly retarded, with IQs of less than 40. In addition, many of these students have physical and behavioral handicaps. Due to the severity of their handicaps, these individuals are often placed into training centers.

Scope of Services

The educational goals of students in mental retardation facilities focus on basic self-help, community living, and vocational skills. These goals are established to enable the individual to live as independently as possible.

Extent of Services

Recent data on the number of children receiving special education services are given in Table 1. A break down by facility is provided.

Effectiveness of Services

The proposed Virginia Comprehensive State Plan for 1990-1996 will have a profound impact on the role of state facilities in providing special education services. One recommendation in the plan is to eliminate institutional placement as an alternative for children by July 1, 1990. (This is contingent on an approved Medicaid Waiver.) Another statement made in the plan is for residential support services to be located in communities, natural homes, or family-like settings with access to other support services. With the movement toward community-based residential placement options and the potentially dramatic decrease in the number of children in facilities, the extent of special education programs in state training centers will be changing during the next few years.

Documentation

Personal Communication. Michael Fehl, June, 1989.

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. (1989, June 1). Proposed Virginia comprehensive plan: 1990-1996. Richmond: Author.

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Table 1

Children Receiving Special
Education Services in MR Facilities
(November, 1989)

Facility	Number of Students
Southside Virginia Training Center	51
Southeastern Virginia Training Center	60
Northern Virginia Training Center	49
Southwest Virginia Training Center	47
Central Virginia Training Center	69
TOTAL	276

Special Education Programs In State Facilities--Mental Health

Program Overview

Administering Agency:	Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)
Enabling Legislation:	P.L. 94-142, as amended and P.L. 89-313, Title I of the Elementary and Secondary Education Act, as amended.

Mission of Program

The special education programs in mental health state facilities are geared to assist students who have severe emotional problems to transition back to the public schools. Vocational skills and attitudes are also promoted to enhance students' opportunities for obtaining work after residing in a state facility.

Eligibility for Services

State and federal laws entitle all children ages 2-21 inclusive, to a free public education regardless of their handicap or place of residence. School-aged children admitted to mental health facilities have severe emotional handicaps which manifest themselves in the students' behavior. Typically, these students have limited abilities to maintain satisfactory personal relationships or to behave appropriately in social situations.

Scope of Services

A range of programming is offered to meet the diverse needs of the students. The programs fall within five broad areas: 1) academics, 2) vocational education, 3) independent living/prevocational skills, 4) affective education and behavior management, and 5) physical education and physical therapy. The subject matter within each area is individualized for students depending on their current level of functioning and their prospective placement in the community.

Extent of Services

Data on the number of children receiving special education services are given in Table 1. A break down by facility is provided.

Effectiveness of Services

The proposed Virginia Comprehensive State Plan for 1990-1996 will have a direct impact on the special education services provided to students in mental health facilities. One activity recommended in the plan is to explore the redirection of current resources for service expansion to reduce the reliance on out-of-state placements and state inpatient services. Increased emphasis has also been placed on: 1) expanding early identification and intervention services, 2) developing less restrictive community-based services, and 3) promoting the involvement of the family in public education. With the movement toward more community-based service options and less reliance on residential placements, the provision of special education services in state facilities will be faced with changes during the 1990s.

Documentation

Personal Communication. Nancy Haynes, November, 1989.

Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services. (1989, June 1). Proposed Virginia comprehensive plan: 1990-1996. Richmond: Author.

Virginia General Assembly. (1984). Special education in Virginia's mental health facilities. Richmond: Joint Legislative Audit and Review Commission.

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Table 1

Children Receiving Special Education Services in MH Facilities (June, 1989)

Facility	Number of Children
Virginia Treatment Center for Children	24
Central State Hospital	23
Eastern State Hospital	22
Western State Hospital	10
DeJarnette Center for Human Development	35
Southwestern State Hospital	10
TOTAL	124

Transportation

Urban Mass Transportation Act (UMTA)
Section 16 (b) (2) Program

Program Overview

Administering Agency: Department of Transportation (DOT), Rail and Public Transportation Division

Enabling Legislation: UMTA Act, Section 16 (b) (2)

Mission of Program

This program is designed to make funds available for capital improvements to private nonprofit agencies which transport individuals who are elderly or handicapped.

Eligibility for Services

The U.S. Department of Transportation distributes funds to the states based on the number of residents who are elderly or handicapped. Private nonprofit organizations must submit applications to the Department of Transportation for evaluation and selection. The criteria for evaluating grant applications are established by an interagency council. Council members also review each application and select the agencies to receive funds. Representation on the council is comprised of the following state agencies: Departments of Health, Medical Assistance Services, Social Services, Visually Handicapped, Rehabilitative Services, Transportation, Aging, Mental Health, Mental Retardation and Substance Abuse Services, and Department for Rights of the Disabled.

Scope of Services

In FY 1989, the Commonwealth received approximately $650,000 in Section 16 (b) (2) funds. The money is available only for capital improvements (no operating monies) for the purpose of providing transportation services to persons who are elderly or handicapped. The federal grant is for 80% of the total cost with the applicant responsible for the 20% balance.

Extent of Services

Approximately 40 grant applications are received each year. Depending on the evaluation criteria established for reviewing grants, between 12 and 20 applications are funded. The evaluation criteria establish the priorities for funding grants with Section 16 (b) (2) monies. It is important for agencies requesting these funds to demonstrate how they are sharing resources with other agencies in their area for transporting individuals who are elderly or handicapped.

Effectiveness of Services

Section 16 (b) (2) funds allow private nonprofit agencies across the state the opportunity to provide a needed service to persons who are elderly or handicapped. Lack of transportation is typically one of the biggest barriers these individuals must overcome to receive services. Vehicles purchased by this grant program help agencies to expand their services and assist persons who are in need of transportation.

Documentation

Personal Communication. Mark Alderman, April, 1989.

Virginia Department of Transportation. (1988, December). Capital grants for transportation aid to the elderly and handicapped: Program information package and application instructions. Richmond: Rail and Public Transportation Division.

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Urban Mass Transportation Act (UMTA)
Section 18: Rural and Small Community Grants

Program Overview

Administering Agency:	Department of Transportation (DOT), Rail and Public Transportation Division
Enabling Legislation:	Urban Mass Transportation Act of 1964, as amended, Section 18

Mission of Program

The purpose of this program is to promote effective, efficient, and safe public transportation services which enhance the mobility of Virginia's rural citizens. One primary objective of the state is to increase the access to transportation of all citizens in nonurbanized areas of Virginia, especially the transportation disadvantaged, who require this service for health care, shopping, education, recreation, and employment. This is accomplished through the introduction of new public transportation services and the protection of existing services. Persons with developmental disabilities having specific transportation needs would be considered under this objective.

Eligibility for Services

Any city, county, town, transportation district commission, public service corporation, or private nonprofit corporation that operates a public transportation system in a nonurbanized area of Virginia may apply for a grant under the Section 18 program. Private for-profit providers, including intercity bus operations of services, may be supported with funds through purchase of service agreements with eligible applicants.

Scope of Services

All project expenses fall into one of three categories: operating expenses, administrative expenses (including ridesharing projects), and capital expenses. Operating expenses can include fares paid by passengers who are later reimbursed by a human service agency, or other subsidy arrangements, but do not include payments made directly to the transit provider by human service agencies.

Eligible capital expenses include items such as paratransit vans, wheelchair lifts, and restraints.

Extent of Services

Federal funds coming into the state under Section 18 for the 1990 fiscal year appear to be around 1 million dollars. Rural areas have had level funding over the past years which has not kept up with increasing transportation costs. As the federal funds continue to decrease, more demand is now placed on state funds for transportation assistance.

Effectiveness of Services

Increased demand for services and the requirements placed on transportation systems by new federal mandates have made planning for future transportation services difficult. The loss of federal funds for operating expenses has increased the cost of providing services to localities. The impact of the new mandates and decreased funds will need to be carefully evaluated to assess their impact on persons with developmental disabilities living in rural or small urban areas.

Documentation

Personal Communication. Linda Eads, May, 1989.

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Commonwealth of Virginia Financial Assistance to Public Transportation: Financial Incentive Program For Capital Improvements to Serve the Disabled

Program Overview

Administering Agency:	Department of Transportation (DOT), Rail and Public Transportation Division
Enabling Legislation:	Appropriations Act of 1988--State Public Transportation Capital Assistance Program

Mission of Program

In March of 1988, the Commonwealth Transportation Board approved the new "Financial Incentive Program for Capital Improvements to Serve the Disabled." This program was developed in consultation with the Virginia Department for Rights of the Disabled and the Virginia Association of Public Transit Officials. The key points of the incentive program are as follows:

1) The program establishes improved public transportation services for the disabled as a high priority for the Commonwealth.

2) The program does not suggest a state preference for any method of service delivery. Equal consideration is given to accessibility improvements to regular route transit services and to improvements for specialized transportation services for the disabled.

3) The program allows maximum flexibility to local governments in designing services that meet the particular needs of their constituents with disabilities. It encourages continued dialogue between local governments and disability populations in the community in determining how to best meet their mobility needs.

Eligibility for Services

All localities that operate public transportation services are encouraged to undertake additional capital improvements which are designed specifically to improve the use of their services by persons with disabilities. Proposed improvements which are found to be reasonable and appropriate by the Department of Transportation and the Commonwealth Transportation Board will receive state funding at the maximum state participation ratio (95% of non-federal share).

Proposed improvements must be related directly to passenger services for persons with disabilities and only those services operated with rubber-tired vehicles are eligible. The incentive grants are awarded as part of the state public transportation capital assistance program. Therefore, the Commonwealth Transportation Board can limit the amount of funds that a recipient receives in a single year. No limit was imposed in FY 1989.

Scope of Services

The financial incentive program is in its first year of operation. For FY 1989, the Commonwealth Transportation Board approved a public transportation program of projects that included over $590,000 in state grants to thirteen public transportation systems. Combined with federal and local aid, these program funds will be used to finance capital improvements totaling approximately $1,800,000 in 1989.

Extent of Services

The incentive program has attracted support from all areas of the Commonwealth. Even though this program has been in effect for 1 year, it has served to promote further consultation and cooperation between public transportation providers and persons with disabilities that they serve.

Table 1 shows the FY 1989 grants awarded to localities under this program. The estimated total cost of the projects funded by incentive funds was $590,378. The following equipment was purchased: a) 32 wheelchair lifts for transit coaches, b) 3 wheelchair lifts for trolleys, c) 4 body-on-chassis vehicles with wheelchair lifts, and d) 38 vans with wheelchair lifts. Table 2 provides projected grant awards for FY 1990.

Proposed improvements eligible for funding under this incentive program could include the following: a) the purchase and installation of wheelchair lifts on buses, trolleys, and vans; b) the purchase of vans used for transportation of persons with disabilities by the public transportation operator or through a service contract between the transit operator and a third party; and c) the purchase and installation of telecommunications equipment for the deaf, braille signing or transit schedule printing, and on-board audio equipment for announcing destinations and stop locations.

Effectiveness of Services

The financial incentive program for capital improvements to serve persons with disabilities has only been in effect for 1 year. It is hoped that this program will expand the availability of transportation services to persons with disabilities. Certain special proposals for transportation improvements to assist persons with disabilities have been forwarded to the Governor's office. These include funding consideration through oil over-charge or stripper well funds. Decisions on these proposals are pending. These initiatives, should they go into effect, would enhance the newly created incentive program.

Documentation

Personal Communication. Linda Eads, May, 1989.

Virginia Department of Transportation. (1988, December). *Commonwealth of Virginia financial assistance to public transportation: Financial incentive program for capital improvements to serve the disabled*. Richmond: Rail and Public Transportation Division.

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Table 1

Commonwealth of Virginia Financial Assistance to Public Transportation Financial Incentive Grants for Capital Improvements to Serve Persons with Disabilities-- Fiscal Year 1989

Grant Recipient	Project Description	Total Project Cost	Federal Funds Provided	State Incentive Grants	Local Funds Provided
Arlington County	Purchase wheelchair lifts for 3 new trolley buses	$ 45,000	$0	$ 42,750	$ 2,250
Tidewater Transportation District Commission	Purchase 17 vans (15 with lifts) and 3 small buses for specialized services.	$600,000	$360,000	$228,000	$12,000
Greater Richmond Transit Company	Purchase wheelchair lifts for 29 new buses.	$435,000	$413,250	$ 20,663	$ 1,087
Peninsula Transportation District Commission	Purchase 7 vans with lifts and TDD system for specialized services.	$224,700	$ 83,160	$134,463	$ 7,077
Greater Lynchburg Transit Company	Purchase 1 body-on-chasis (BOC) vehicle with lift for specialized services.	$ 40,000	$ 32,000	$ 7,600	$ 400
Petersburg Area Transit	Purchase 2 vans with lifts for specialized services.	$ 48,000	$0	$ 45,600	$ 2,400
Charlottesville Transit System	Purchase 1 van with lift for specialized services.	$ 25,000	$0	$ 23,750	$ 1,250

Grant Recipient	Project Description	Total Project Cost	Federal Funds Provided	State Incentive Grants	Local Funds Provided
Central Virginia Transportation (Cumberland, Va.)	Purchase 1 van with lift for specialized services.	$ 24,000	$ 19,200	$ 4,560	$ 240
District III Governmental Cooperative (Marion, Va.)	Purchase 4 vans and 1 BOC with lift for specialized services.	$108,800	$ 87,040	$ 20,672	$ 1,088
Harrisonburg Transit	Purchase 1 body-on-chasis (BOC) vehicle with lift for specialized services.	$ 40,000	$ 32,000	$ 7,600	$ 400
JAUNT Inc. (Charlottesville Area)	Purchase 4 vans with lifts and 1 BOC with lift for specialized services.	$141,000	$112,800	$ 26,790	$ 1,410
Winchester Transit	Purchase 1 van with lift for specialized services.	$ 27,000	$ 21,600	$ 5,130	$ 270
Tazewell County Transit	Purchase 1 van with lift for specialized services.	$ 24,000	$0	$ 22,800	$ 1,200
	Total:	$1,782,500	$1,161,050	$590,378	$31,072

Table 2

Commonwealth of Virginia State Aid to Public Transportation Financial Incentive Grants for Capital Improvements to Serve Persons with Disabilities

Projected for
Fiscal Year 1990

Grant Recipient	Project Description	Total Project Cost	Federal Funds Provided	State Incentive Grants	Local Funds Provided
Buchanan Co.	Purchase 1 van with lift for specialized services.	$ 24,000		$ 22,800	$ 1,200
CPAC	Purchase 4 body-on-chasises (BOC) Two with lifts	$166,000	$132,800	$ 31,540	$ 1,660
Clearfork C. A.	Purchase 1 body-on-chasis (BOC) vehicle with lift for specialized services.	$ 47,000	$ 37,600	$ 8,930	$ 470
Colonial Beach	Purchase 1 body-on-chasis (BOC) vehicle with lift for specialized services.	$ 47,000	$ 37,600	$ 8,930	$ 470
Danville	Purchase 1 van with lift for specialized services.	$ 27,500		$ 26,125	$ 1,375
District III	Purchase 1 body-on-chasis (BOC) vehicle with lift. Purchase 4 vans.	$113,000	$ 90,400	$ 21,470	$ 1,130
Fairfax Co.	Purchase wheel-chair lift for 5 new buses.	$ 70,000		$ 66,500	$ 3,500
Greene Co.	Purchase 1 van with lift for specialized services.	$ 39,750		$ 37,763	$ 1,987

Grant Recipient	Project Description	Total Project Cost	Federal Funds Provided	State Incentive Grants	Local Funds Provided
Jaunt	Purchase 1 body-on-chasis (BOC) vehicle with lift for specialized services.	$ 34,500		$ 32,775	$ 1,725
Mt. Empire	Purchase 1 body-on-chasis (BOC) vehicle with lift. Purchase 2 body-on-chasises (BOC)	$116,000	$ 92,800	$ 22,040	$ 1,160
PENTRAN	Purchase 2 body-on-chasises (BOC) Purchase 2 ramped buses Sedan/stationwagon	$335,000		$318,250	$16,750
Pr. William Co.	Purchase 2 vans with lifts specialized vans	$ 60,000		$ 57,000	$ 3,000
GRTC-Richmond	Purchase wheel-chair lifts for 15 new buses.	$225,000	$213,750	$ 10,688	$ 562
Russell Co.	Purchase 1 van with lift for specialized services.	$ 39,750		$ 37,763	$ 1,987
	Total:	$1,344,500	$604,950	$702,574	$36,976

Vocational Rehabilitation Programs

Basic State Grant Program, Title I

Program Overview

Administering Agency:	Department of Rehabilitative Services (DRS), Division of Human Resources
Enabling Legislation:	P.L. 93-112, Title I of the Rehabilitation Act of 1973, as amended by P.L. 93-516, P.L. 95-602, P.L. 98-221, and by the Rehabilitation Act Amendments of 1986 (P.L. 99-506).

Mission of Program

The mission of the Department of Rehabilitative Services is to increase the employability, independence, and quality of life of persons with disabilities. The goals of the program are:

1. to assist persons with disabilities to secure and maintain employment,
2. to assist persons with disabilities to live independently,
3. to assist persons with disabilities in securing financial support,
4. to assist communities to enhance the independence and employment of persons with disabilities,
5. to increase Departmental effectiveness to better meet the needs of persons with disabilities, and
6. to promote the rights of persons with disabilities.

Eligibility for Services

In order to be eligible for services from DRS, an applicant must meet three criteria. First, the applicant must be disabled as a result of mental or physical limitations which impede one's independence. Second, the disabling condition experienced by the applicant must represent a vocational handicap to the individual which limits the applicant's vocational potential. Finally, the applicant must exhibit vocational potential; that is, there must be a reasonable expectation that the applicant will experience vocational success as a result of services provided by the Department. These requirements apply only to those individuals receiving services with Federal Title I funds; other programs operated by the Department have less stringent requirements.

Scope of Services

The scope of services provided by DRS under the authority of the Basic State Grant (Title I) of the Vocational Rehabilitation Act of 1973, as amended, provides an array of employment and vocational services to individuals with disabilities. These services may be provided by DRS through two primary channels. First, eligible applicants may receive services through the Community Rehabilitation Services Division (CRS) of the Department. This is the predominant method of service delivery and is characterized by clients receiving counselling and referral services from a rehabilitation counselor. Second, the Department provides services to individuals at the Woodrow Wilson Rehabilitation Center (WWRC), located in Fisherville. This facility is designed to "meet the training and rehabilitation needs which cannot be met in the home communities of individuals with disabilities" (DRS, September 1988). Within the Basic State Grant Program that is operated by the Department, clients may receive services either through a community-based rehabilitation counselor, or on-site at WWRC. The scope of services provided by the Department encompasses six basic categories:

- physical and mental restoration services;
- social and personal adjustment services;
- student financial assistance;
- basic skills and knowledge instruction;
- occupational/vocational instruction; and,
- other services.

In State Fiscal Year (SFY) 1988, personal and social adjustment services represented the single largest case service expenditure, accounting for 66% of all case service expenditures (DRS, undated: Revenues and Expenditures for FYs 1987 & 1988). In comparison, personal and social adjustment services represented just 21% of the service related expenditures reported for WWRC during SFY 1988 (DRS, undated: WWRC Revenues and Expenditures). Medical and physical restoration services however, represented 51% of WWRC service related expenditures as compared to 16% of the case service expenditures. Clearly, the scope of services provided by CRS and WWRC are markedly different. Table 1 provides a more detailed delineation of the array of services provided by the Department.

Many of the services rendered by the Department through CRS are provided directly by nondepartmental vendors which may include hospitals, employment placement agencies, rehabilitation training and adjustment facilities, and sheltered workshops. WWRC provices services in the following areas: counseling and psychological services, medical services, prevocational services, vocational services and allied training services.

Rehabilitation engineering services are provided on a limited basis throughout the state. Currently, the Department employs three Rehabilitation Engineers (WWRC, Richmond, and Norfolk), maintains two fabrication units (WWRC, Norfolk), and a third mobile fabrication unit housed in a tractor-trailor that is based at WWRC, but travels across the state. The Department may also make rehabilitation engineering services available to clients by purchasing them from private-sector providers.

Recently the Department has initiated a number of service priorities within its Basic State Grant Program. These initiatives, utilizing a mixture of Basic State Grant Funds and state-generated general and special funds, have been targetted for a number of disability specific populations including individuals: experiencing spinal cord or head injuries, suffering from mental illness, and transitioning from school to work.

Extent of Services

In SFY 1988, the Department of Rehabilitative Services, through CRS and WWRC, provided services to a total of 29,188 individuals, including applicants for services, individuals receiving services, and individuals terminating services (e.g., case closure). During this same SFY, the Department received 13,549 new referrals for service, while approximately 6,597 were considered eligible and accepted for service delivery. A total of 5,513 individuals had Individualized Written Rehabilitation Programs (IWRP) developed. Approximately 13,057, or 65.5%, of all eligible individuals who received services from the Department in SFY 1988 were considered to be severely disabled.

Table 2 provides a profile of the individuals served at WWRC. Comparable data on individuals served through CRS are limited to only those individuals rehabilitated and will be reviewed in the following section.

Effectiveness of Services

The effectiveness of services provided to individuals by DRS is evaluated by studying the rate of "rehabilitation" experienced by DRS clients and the characteristics and employment outcomes associated with the clients. The term "rehabilitation" refers to the attainment of a predetermined vocational outcome for the individual, identified by the individual and a rehabilitation counselor, and specified within an IWRP. In SFY 1988, the Department reported that 3,922 clients were successfully rehabilitated and achieved a specific vocational goal.

Approximately 85% of all individuals successfully rehabilitated have become competitively employed as a result of services provided by the Department. Additionally, 8% of those persons successfully rehabilitated have obtained employment in sheltered workshops and 6% are homemakers, as a result of DRS funded services. The average weekly earnings for individuals experiencing successful rehabilitation were $165. Table 3 summarizes the major demographic characteristics of individuals rehabilitated by the Department.

Documentation

Department of Rehabilitative Services (1989). Services to Virginians with disabilities: Biennial report, July 1, 1986--June 30, 1988. Richmond: Author.

Personal Communication. Mary Arginteanu, April, 1989.

Contact: Department of Rehabilitative Services
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Richmond, VA 23230

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Table 1

Services Provided by the Virginia Department of Rehabilitative Services

SERVICES

A. During diagnostic and evaluation stage--

1. Counseling and guidance
2. Hospitalization for diagnosis
3. Interpreter services for the deaf
4. Maintenance for diagnostic-evaluation services
5. Medical examinations, general and specialists
6. Psychological/psychiatric evaluations
7. Transportation for diagnostic-evaluation services
8. Other goods and services which are necessary to determine the rehabilitation potential

B. After eligibility has been determined--

1. Counseling and guidance
2. Additional diagnostic and evaluation services:
    (a) If new disability occurs;
    (b) If complications from existing disability occur.
3. Maintenance
4. Interpreter services for the deaf
5. Occupational licenses, tools and equipment
6. Self-employment enterprises
7. Physical and/or mental restoration services:
    (a) Medical treatment;
    (b) Psychiatric treatment;
    (c) Surgical treatment;

- (d) Dental treatment;
- (e) Physical and/or occupational therapy;
- (f) Drugs and supplies;
- (g) Prosthetic and orthotic appliances;
- (h) Hospitalization (both in-patient and out-patient care, and clinic services);
- (i) Physical restoration in a rehabilitation facility;
- (j) Convalescent care, nursing or rest home care;
- (k) Nursing services;
- (l) Speech or hearing therapy:
- (m) Treatment of medical complications and emergencies, either acute or chronic, which are associated with, or arise out of, the provision of physical restoration services or are inherent in the condition under treatment;
- (n) Telecommunications, sensory or other technological aids and devices;
- (o) Other medical or medically related rehabilitation services.

8. Visual services (examination and glasses)
9. Job placement and followup
10. Post-employment services
    - (a) To assist client in maintaining employment
11. Services to family members:
    - (a) Employment counseling;
    - (b) Medical examination;
    - (c) Transportation for employment;
    - (d) Attendant services for the severely disabled;
    - (e) Education and training of family members to develop maintenance care skills of the disabled;

(f) Day care services for dependent children.

12. Services to groups of handicapped individuals

13. Transportation

14. Vocational and other training services, including personal and vocational adjustment, books, tools and other training materials.

    (a) Apprenticeship training;

    (b) Business schools and business colleges, trade and technical schools, and 2-year college terminal courses;

    (c) College and university academic training;

    (d) Correspondence study;

    (e) On-the-job training;

    (f) Work adjustment training (primarily in sheltered workshops);

    (g) Pre-vocational training;

    (h) Tutorial training;

    (i) Other training costs:

        (1) Mandatory fees;
        (2) Required textbooks and supplies;
        (3) Required training materials.

15. Other goods and services:

    (a) Purchase or modification of vehicles;

    (b) Construction and modification of dwellings, buildings, etc.;

    (c) Other goods and services essential to the successful completion of a program.

Table 2

Profile of Persons Served at WWRC
2,367 in FY 1987
2,374 in FY 1988

Ages	FY 1987	FY 1988	Ages	FY 1987	FY 1988
1 - 9	24	22	40-44	133	146
10-14	11	6	45-49	93	100
15-19	467	506	50-54	67	60
20-24	740	665	55-59	58	61
25-29	307	295	60-64	28	35
30-34	213	235	65 and over	72	78
35-39	154	165			

		FY 1987	FY 1988
Sex:	Male	1,613	1,613
	Female	754	761
Residence:	Virginia	2,291	2,321
	Out of State	76	53
Sponsorships:*	DRS (Community Rehabilitative Services Division)	1,916	1,871
	Insurance companies/ miscellaneous sources	1,285	1,325
	Social Security Act, Title XX	1,049	859
	Medicaid	550	550
	Blue Cross-Blue Shield	391	437
	Medicare	251	342
	DRS (Woodrow Wilson Center for Independent Living)	148	113
	Veterans Administration	61	90
Disability categories:**	Paraplegia	129	143
	Quadriplegia	158	184
	Cord disease-congenital	78	66
	Brain damage-injury	206	196
	Brain damage-disease	188	198
	Cerebral palsy	108	133
	Amputation	58	56
	Arthritis	23	16
	Musculoskeletal-injury	126	126
	Musculoskeletal-disease	92	88
	Epilepsy	104	102
	Mental retardation	519	478
	Functional retardation	327	355
	Emotionally disturbed	285	256
	Personality/character disorder	95	123
	Alcoholism	64	49
	Visual defect	50	51

	FY 1987	FY 1988
Speech defect	75	80
Hearing defect	132	128
Chronic medical	174	179
Undiagnosed at admission	92	74

*Because some persons had more than one sponsor, adding the figures in this category would give totals far exceeding actual enrollments.

**Of the persons served, many had multiple disabilities. Thus adding these columns would give totals far exceeding actual enrollments.

Table 3

Profile of Individuals Who Have Been Rehabilitated

3,962 in Fiscal Year 1987
3,928 in Fiscal Year 1988

	FY '87	FY '88
Disability categories:		
Mental and emotional conditions	1,768	1,698
Orthopedic disorders	812	862
Other conditions (blood, cardiac, allergy, speech, epilepsy, digestive, respiratory, genitourinary)	972	1,008
Hearing impairments	290	269
Absence or amputation of limbs	93	74
Visual impairments	27	17
Ages at referral:		
Less than 20 years	682	648
20 - 34	1,887	1,858
35 - 44 years	749	730
45 - 64 years	620	665
65 years and over	24	27
Number of dependents:		
One	632	699
2 - 3	574	518
4 or more	135	145
None	2,621	2,566
Race:		
White	2,805	2,793
Black	1,111	1,107
Indian	2	6
Other	28	22
Not reported	16	-0-
Highest grade of school completed:		
None	23	38
One - 7 grades	386	351
8 grades	225	203
9 - 11 grades	965	993
12 grades	1,394	1,332
13 - 15 grades	366	392
16 grades and over	160	159
Special education	443	460
Marital status:		
Single (never married)	2,041	2,055
Married	1,050	1,016
Divorced	439	476
Separated	308	283
Widowed	122	98

	FY '87	FY '88
Not reported	2	-0-
Sex:		
Male	2,112	2,016
Female	1,850	1,912

Supported Employment Program

Program Overview

Administering Agency:	Department of Rehabilitative Services (DRS) and Department for the Visually Handicapped (DVH) administer federal supported employment services formula grant funds and DRS administers federal grant funds to develop a statewide system of supported employment. The Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS) through its Community Services Boards (CSBs) provide long-term follow-along services once persons are stabilized in integrated employment settings.
Enabling Legislation:	Title III and Title VI, C of the Rehabilitation Act Amendments of 1986.

Mission of Program

The mission of the supported employment program is to provide services to individuals who, because of the severity of their handicaps, would not traditionally benefit from vocational rehabilitation services. Individuals who are eligible for services under the program must not be able to function independently in employment without intensive on-going support services and must require those services for the duration of their employment. Supported employment is commensurate of competitive work in an integrated work setting with on-going support services.

Eligibility for Services

The federal eligibility criteria for supported employment services are as follows:

States may provide services under the supported employment program to any individual who:

(a) Has severe handicaps, and for whom competitive employment has not traditionally occurred or has been interrupted or intermittent as a result of those handicaps; and

(b) Has been determined by an evaluation of rehabilitation potential, as defined in Section 7 (5) of the Rehabilitation Act to have--

(1) the ability or potential to engage in a training program leading to support employment;

(2) a need for on-going support services in order to perform competitive work; and

(3) the ability to work in a supported employment setting.

The state of Virginia utilizes the federal eligibility criteria for individuals utilizing supported employment services.

Scope of Services

The services available through the federal supported employment services formula grant program are:

(a) Evaluation of the rehabilitation potential for supported employment of individuals with severe handicaps. Any evaluation may be supplementary to an evaluation of rehabilitation done under the general vocational rehabilitation program.

(b) Development of and placement in jobs for individuals with severe handicaps.

(c) Provisions of traditionally time-limited post-employment services that are needed to support the trainees in employment, such as--

    (1) intensive on-the-job training and other training provided by skilled job trainers for workers with severe handicaps;

    (2) provision of follow-up services, including regular contact with employers, trainees with severe handicaps, parents, guardians, or other representatives of trainees, and other suitable professional and informed advisors in order to reinforce and stabilize the job placement; and

    (3) regular observations or supervision of individuals with severe handicaps at the work site.

The program in Virginia is implemented consistent with the federal intent and requirements for the supported employment program. Supported employment services for persons with a primary mental disability are provided through guidelines jointly developed and managed between DRS and DMHMRSAS. On-going support funding to maintain persons in supported employment after completion of DRS funding of time-limited services is provided through Virginia's Community Services Board system for persons with a primary mental disability. For persons with a primary physical disability not eligible for funding through the Community Services Board system, DRS utilizes 100% state general funds to fund on-going support services.

Extent of Services

Data on individuals served as of March 31, 1989 in Virginia's supported employment program are as follows:

- Number of consumers employed in jobs: 711

- Number of consumers in referral pool awaiting placement: 519

- Gross wages earned by persons in supported employment in Virginia for the most current quarter January 1, 1989 through March 31, 1989: 1,058,152 Cumulative earnings since 1978: 8.5 million

- Mean average age of consumers working in supported employment: 31.2

- Mean average hourly wage for persons in supported employment: $3.67

- Mean average hours worked per week: 29

Data on the disability classification of persons in supported employment in Virginia is included as Attachment A.

Fiscal expenditure information for Virginia's supported employment program is tracked primarily on a state fiscal year basis because of the mixing of local, state, and federal dollars to fund services. Projected expenditures for the period of July 1, 1988 through June 30, 1989 for supported employment services in Virginia are as follows:

1. $875,000 in federal funds and $535,000 in state general funds are projected for expenditure for supported employment services through Virginia's vocational rehabilitation system. The federal funds are drawn from Titles I and VI, C of the Rehabilitation Act. The state funds are matched to the Title I appropriated federal funds and state appropriations designated for supported employment services through the vocational rehabilitation system.

2. The Department of Mental Health, Mental Retardation and Substance Abuse Services projects an expenditure of $4 million for on-going support services in supported employment. These expenditures will consist of state and local funds managed through the Community Services Board system. Three and a half million dollars is projected for support to persons with mental retardation

and $.5 million for persons with long-term mental illness.

3. The annual federal Title III grant to Virginia is $500,000. These funds are utilized for state systems development, technical assistance, training and consultation, and start-up grants to localities. These funds are administered by the Department of Rehabilitative Services and their use is co-managed by DRS and DMHMRSAS.

Effectiveness of Services

Virginia's program of supported employment has expanded from four provider agencies with fee-for-service agreements with DRS in September of 1985 to approximately 50 such agencies as of May 1, 1989. This expansion in the capacity of Virginia's system of supported employment during the first four years of the federal Title III grant to the Commonwealth has resulted in supported employment services reportedly being available in 38 of the 40 Community Services Board catchment areas. Each provider agency seeking funding from DRS for supported employment services undergoes a formal application process. Vendor applications are reviewed based on a set of evaluation criteria designed to determine the appropriateness of the vendor application to the supported employment federal and state program design and requirements. These criteria address the areas of appropriateness of target population; work opportunities, wages, and benefits anticipated for service recipients; planned integration opportunities within work sites for contact with co-workers who are not disabled; quality and scope of service design; appropriateness of staffing design to target population and program option; capacity of provider agency to effectively manage planned program; and cost effectiveness. Provider applications are reviewed by local representatives of the time-limited (DRS) and on-going support (usually the Community Services Board) funding agency. If supported locally, applications are then reviewed at the state level by DRS, at which point the appropriateness of the program proposal to the evaluation criteria is determined and final negotiations with the provider take place regarding the content of the application prior to approval.

Virginia's supported employment program is staffed by central office representatives within DRS, DVH, and DMHMRSAS and by five regional consultants located around the state. A primary effectiveness strategy is the presence of readily accessible technical assistance expertise at the local level to assist in planning programs, training staff, developing interagency planning and coordination among the case management and funding agencies, and addressing specific problems. The regional consultant is positioned to assist the provider in requesting from the state system more prescriptive consultation and/or staff training assistance where needed. The regional presence supported by central office attention to the local provider needs are primary effectiveness strategies within Virginia's state program.

Expansion plans for Virginia's supported employment program during FY 1990 place a priority on (a) initiating supported employment capacity in non-urban areas of the state where supported employment does not exist; (b) expanding capacity in communities where there is currently very limited, if any, access to supported employment for the full range of persons with disabilities needing supported employment; and (c) expanding secondary education level participation in community integrated programming in coordination with the adult service system. DMHMRSAS is seeking to continue the federally funded regional resource consultants after the funding from OSERS expires September 30, 1990.

Documentation

Federal Register. (1987, August). Regulations for title VI, C of the rehabilitation act amendments of 1986. Washington, DC: Government Printing Office.

Personal Communication. Mark Hill, April, 1989.

Rehabilitation Research and Training Center. (July 1, 1989-September 30, 1989). Quarterly report: Successful outcomes in supported employment, pp. 5. Richmond, VA: Author.

Contact: Department of Mental Health, Mental Retardation
and Substance Abuse Services
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Attachment A

VCU-RRTC Data Analyses for
Virginia Supported Employment Providers
Quarter 3 July 1, 1989 to September 30, 1989

All Reporting Providers Aggregated

Primary Disability For Placed Consumers

Primary Disability	Consumers Placed This Quarter Number	Consumers Placed This Quarter Percent	Cumulative Totals Number	Cumulative Totals Percent
Autism	3	1.9	7	0.5
Cerebral Palsy	1	0.6	21	1.4
Convulsive Disorder	2	1.3	8	0.5
Cystic Fibrosis	0	0.0	0	0.0
CMI/Emotional Disorder	16	10.1	163	10.9
Head Injury	15	9.5	57	3.8
Hearing Impairment	4	2.5	25	1.7
Juvenile Arthritis	2	1.3	3	0.2
Mental Retardation	98	62.0	1120	74.7
Multiple Sclerosis	0	0.0	2	0.1
Muscular Dystrophy	0	0.0	1	0.1
Learning Disability	3	1.9	25	1.7
Language Impairment	0	0.0	0	0.0
Spina Bifida	2	1.3	7	0.5
Spinal Cord Injury	2	1.3	5	0.3
Visual Impairment	1	0.6	6	0.4
Other (Neurological)	1	0.6	15	1.0
Other (Physical)	7	4.4	31	2.1
Other (Genetic)	1	0.6	3	0.2
Not Reported	0	.	0	.
Total	158	100.0	1499	100.0

Centers for Independent Living (CILs)

Program Overview

Administering Agency: Department of Rehabilitative Services (DRS)

Enabling Legislation: Rehabilitation Act of 1973, Title VII, Parts A and B, as amended

Mission of Program

Centers for Independent Living (CILs) provide services to individuals with severe disabilities based on two primary goals: 1) to enable persons with severe disabilities to direct their own lives to the maximum extent possible, and 2) to enable persons with severe disabilities to live and work more fully and independently within their families, community, and employment setting.

Eligibility for Services

Eligibility for CIL services is based on: 1) the presence of a severe physical or mental disability, 2) the presence of a severe limitation in ability to function independently, and 3) a reasonable expectation that independent living services will significantly assist the individual to improve his/her ability to function independently.

"Individual with a severe disability" means an individual whose ability to function independently is so limited by the severity of his/her physical or mental disability that independent living rehabilitation services are required to achieve a greater level of independence.

Independent living services are made available to individuals with disabilities regardless of their potential for employment.

Scope of Services

There are currently 10 CILs in Virginia. Nine of the CILs are nonprofit private corporations which operate under a yearly contract with the Department. The tenth CIL, the Woodrow Wilson Center for Independent Living, is operated by DRS. The CILs are funded through a variety of sources including state, federal, local and private funds.

All 10 CILs offer the following core services: 1) information and referral, 2) independent living skills training, 3) peer counseling and advocacy, and 4) community education. Additionally, CILs offer services dictated by the needs of their communities by providing transportation assistance, recreation activities, attendant care, and assistance with education.

The specific areas where CILs attempt to improve opportunities for increased independence are:

1. improved access and acquisition of housing and living arrangements;
2. acquisition of increased income/benefits;
3. improved transportation access;
4. improved self-care;
5. increased personal mobility;
6. improved access to personal assistance;
7. improved health care and nutrition;
8. increased access to acquisition of personal assisting devices;
9. improved educational access or achievement;
10. employment;
11. increased communication access and/or skills;
12. increased skills or access to social, recreational, and community activities;
13. increased acquisition or exercise of consumer and legal rights; and
14. personal growth and increased self-direction.

Extent of Services

During (FY) 1988, 1,200 persons received services from Virginia's CILs. During that year, the CILs spent 6,000 hours providing information and referral, advocacy, and community education. State and federal funding for FY 1988 amounted to $2,100,000. The data on the number of persons served, hours of services provided, and level of funding, indicate increases in these three areas over FY 1987 figures.

Effectiveness of Services

In 1988 a committee was established to study the effectiveness of the Virginia CILs' funding formula and evaluation system. This study committee was comprised of representatives from the Departments of Rehabilitative Services, Mental Health, Mental Retardation and Substance Abuse Services, Department for Rights of the Disabled, Department for the Aging, the Secretary of Human Resources, the Board of Rehabilitative Services, and the CILs. Recommendations made by the committee will go into effect in FY 1990.

Recommendations made by the committee establish a funding formula to include:

1. allocating funds to assure that all CILs receive at least $150,000 annually,

2. allocating funds to establish one new CIL per year at $150,000 until there is statewide coverage, and

3. distributing 75% of the remaining funds to CILs based on the size of their target population and the ability of the local communities to pay for services.

The study committee examined the three methods the CILs currently use to evaluate their efficiency and effectiveness. The committee felt that the existing fiscal monitoring method and annual site visits by DRS were adequate and did not recommend any changes.

The most significant recommendation made by the study committee was the establishment of a unified CIL data collection system based on a system developed by the University of Kansas. Other recommendations made for program reporting included:

1. increasing the number of program objectives which are framed as outcomes or results,

2. developing a standardized format for program progress reports, and

3. reducing the frequency of required progress reports from twelve reports to four a year.

Three additional approaches to monitor efficiency and effectiveness will be investigated as part of the CILs' long-range planning process. These include: 1) The use of generally accepted standards, 2) the use of consumer assessment of the impact of CIL services, and 3) the use of measures of consumer functional gain to determine the efficiency and effectiveness of CIL services.

The study committee also addressed the issue of individuals with severe disabilities who are underserved or unserved by CILs. Currently, 72 counties and 25 cities across the state do not have access to independent living services. In those areas of the state that do have CILs, eligible individuals are underserved. CIL funding allocations have not kept up with consumer demand, and some CILs have had to lay off staff or establish waiting lists due to lack of funds. The DRS plan for addressing these issues includes pursuing adequate funding for existing CILs and establishing one new CIL a year over the next 5 years, particularly in the Southern and Southwestern regions of the state.

Documentation

Personal Communication. Theresa Preda, September, 1989.

Virginia Department of Rehabilitative Services. (1988). Independent living study report. Richmond: Author.

Contact: Department of Rehabilitative Services
4901 Fitzhugh Avenue
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Telephone: (804) 367-1498

Long Term Rehabilitation Case Management Program for Persons with Severe Central Nervous System Disabilities

Program Overview

Administering Agency:	Department of Rehabilitative Services (DRS)
Enabling Legislation:	Code of Virginia 51.5-11 and 51.5-14, as amended.

Mission of Program

At the direction of the Virginia General Assembly, DRS is initiating in FY 1990, a Long Term Rehabilitation Case Management Program targeted to persons with severe central nervous system disabilities. The program purpose is to assure that such persons and their families can access the rehabilitation and support services they need to enhance their independence and life quality.

Eligibility for Services

To be eligible for this program, persons must be:

1. disabled indefinitely;

2. require a combination and sequence of special interdisciplinary or generic care, treatment, or other services which are lifelong or for an extended duration; and are individually planned and coordinated; or

3. have a disability which results in substantive functional limitations in 3 or more of the following areas of major life activity: (a) self-care; (b) receptive and expressive language; (c) learning; (d) mobility; (e) self-direction; (f) capacity for independent living, and (g) economic sufficiency.

In addition, to be eligible for case management coordination, an individual must have no other form of case management coordination (e.g., through Medicaid, CSB, etc.).

Scope of Services

During FY 1990, four (4) DRS case managers will work throughout Virginia to provide services to approximately 100 eligible individuals. DRS has proposed through an addendum to the FY 1991 budget to double the program capacity by the end of FY 1992. The case management services to be provided will include:

1. Assessment of service needs
2. Planning with the individual and her/his family on how to meet needs
3. Linking with service providers and informal supports
4. Monitoring the adequacy of services.

In addition to the DRS administered statewide case management program, DRS has contracted in FY 1990 for a community based program in Fairfax County targeted to persons with head injury. In this program, Head Injury Services Partnership, Inc., case management services are complimented by a program of specific rehabilitative and support services for persons with head injury. In FY 1991 and FY 1992, the Department expects to expand its assistance to community based case management models by contracting with other nonprofit organizations with the capacity to provide long term case management.

Extent of Services

Information on the extent of services will be available after program implementation.

Effectiveness of Services

The effectiveness of this program cannot be documented at this time.

Documentation

Mary Arginteanu, Personal Communication, September 11, 1989.

Raymond Graesser, Personal Communication, October 23, 1989.

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Virginia MH/MR Service Programs

Community Services Boards (CSBs)

Program Overview

Administering Agency: Department of Mental Health, Mental Retardation and Substance Abuse Services (DMHMRSAS)

Enabling Legislation: Chapter 10 of the Code of Virginia, Sections 37.1-194 through 202.1, 1968

Mission of Program

Community Services Boards (CSBs) are the local governmental agencies responsible for providing mental retardation, mental health, and substance abuse services in their communities. There are currently 40 CSBs in Virginia and each is locally operated.

CSBs function as service providers, client advocates, community educators, program developers, and advisors to local government. Services are consumer/family oriented and stress individualization, community-based programming, and integration into the least restrictive environment. Coordination with other community agencies is essential in providing these comprehensive services.

Eligibility for Services

Community Services Boards are responsible for managing the individual treatment or training programs for all consumers who are mentally ill, mentally retarded, and substance abusers, including the use of inpatient services and the process of admission to, and discharge from, state facilities and Community Services Board programs. Federal eligibility criteria do not exist for CSB services. The Department establishes priority populations, usually in terms of severity for each disability group (MH, MR, SA) for the CSBs' guidance. Individual CSB programs and services establish specific eligibility criteria based on their mission and purpose and the particular program design employed to provide services. As a result, admission requirements vary from CSB to CSB, from facility to community, and from program to program within a facility.

Scope of Services

Virginia's CSBs are able to offer a variety of core services through more than 450 directly operated or contracted programs. In 1988, eight of the 40 CSBs provided all direct services, one contracted out for all services, and 31 used both modes. Section 37.1-94 of the Code of Virginia states that CSBs may provide the following core services:

1. Emergency - available 24 hours/day, 7 days/week
    a. Crisis intervention, stabalization, and referral assistance through phone conversations or personal contact
    b. For prevention of institutionalization or associated with the judicial commitment process and certification process for admission to MR facilities.

2. Inpatient - available 24 hours/day in a hospital or training center
    a. Medical/Surgical
    b. Skilled Nursing
    c. Intermediate Care Facility/Mentally Retarded
    d. Intermediate Care Facility/Geriatric
    e. Acute/Intensive Psychiatric Services
    f. Extended Rehabilitation

3. Outpatient and Case Management Services - provided in sessions of less than 3 hours to clients in a nonresidential setting.
    a. Outpatient
    b. Methadone Detoxification
    c. Methadone Maintenance
    d. Case Management

4. Day Support - provided in sessions of 3 or more hours to groups of clients in a nonresidential setting
    a. Day Treatment/Partial Hospitalization
    b. Psychosocial Rehabilitation
    c. Extended Sheltered Employment or Work Activity
    d. Adult Developmental/Activity Center/Developmental Day Programs for Adults
    e. Education/Recreation
    f. Transitional/Supported Employment
        1. Transitional Employment Programs (TEP)
        2. Supported Employment--Individual Placement Model (SE-IPM)
        3. Supported Employment--Group Models (SE-GM)
    g. Alternative Day Support Arrangements

5. Residential - overnight care with intensive treatment or training in a setting other than a hospital or training center, or overnight care in supported living environments.
    a. Intensive Treatment or Intermediate Care Programs
    b. Primary Care
    c. Therapeutic Community
    d. Group Homes/Halfway Houses
    e. Supervised Apartments
    f. Domiciliary Care
    g. Residential Respite/Emergency Shelter
    h. Sponsored Placements--Individual Client Residential Placements

i. Supported Living Arrangements.

6. Prevention Services and Early Intervention Services

Once individuals who are mentally retarded enter the system, they are monitored by local case management. Services are provided on a continuum from independent community life to institutionalization. Core case management services include:

1. Client Identification and Outreach
2. Individualized Service Assessment
3. Consumer Services Planning
4. Linkage with Requisite Services
5. Monitoring of Service Delivery
6. Advocacy

CSBs may provide some or all of these core services. Based on local needs and resources, each CSB decides which services are needed in its location. These services must be approved by the local government(s). Current legislation only mandates that all CSBs must provide emergency services; all other services, while necessary, are not mandated by statute.

Extent of Services

During FY 1988, CSBs provided services to 160,200 people with mental health needs, 22,828 people with mental retardation, and 79,852 substance abusers. It is important to note that these figures include duplicate counts of clients receiving more than one service. They also do not reflect the number of individuals receiving prevention services.

Over the past 3 years, the number of people served by CSBs has increased by 24%. The number of mental health consumers rose by 16%, mental retardation services by 11%, and substance abuse services by 49%. These figures again reflect duplicate counts of individuals receiving more than one service.

In FY 1989, DMHMRSAS allocated over $121 million in state and federal funds to the 40 CSBs. Total budgets for each CSB ranged from $700,000 to more than $40 million, depending on the size of the CSB. CSB funding can be broken down by the following sources:

Local Match	28.6%	$66,756,855
State	48.1%	$112,353,615
Federal	5.5%	$13,013,076
Fees and Other	17.8%	$41,574,003
Total	100%	$233,707,549

Mental health services received 43.92% of this money, mental retardation 30.66%, substance abuse services 20.13%, and administration 5.28%.

Individuals may be charged a fee for services received by the CSB depending on their ability to pay. No one is denied services if a person is unable to pay.

The Comprehensive State Plan provides information on the number of individuals served by disability area and the core services they received, the number of persons identified or projected to need core services, and the number of individuals identified on CSB waiting lists. Tables 1-3 describe the data collected in these three areas. Additionally, Table 4 provides demographic information on the consumers with mental retardation who were served by the CSBs during FY 1988. Approximately 60% of these individuals who received services were between the ages of 23-64. Over a third of the consumers were moderately mentally retarded.

Effectiveness of Services

The Department has developed and implemented a CSB Evaluation System to assess the effectiveness of services. This system contains seven service modules (emergency, outpatient and case management, MR case management, day support, residential, prevention, and early intervention) and four management modules (board management, planning, personnel, and financial management). Each service module contains principles, methods, and measures for service availability and accessibility, interagency coordination, resource utilization, and quality of services.

There continues to be many unmet service needs for individuals who are mentally ill or mentally retarded and require services from the CSBs. DMHMRSAS has identified some of these needs in its Comprehensive State Plan. In the area of mental health, vital community support services for persons with serious mental illness continue to be inadequate in almost all communities. Insufficient supervised housing, emergency services, day support programs, training activities, transportation and follow-up case management support is the norm in all Virginia localities. There are significant gaps in the availability of specialized services for children and adolescents and their families. CSBs also do not have adequate resources to provide effective services to jail inmates who are mentally ill or to support the special needs of the elderly. More attention needs to be given to developing programs targeted to high-risk children aged 0-7 that reduce the incidence of mental illness.

In the area of mental retardation, community residential services are lacking and long waiting lists exist. Persons who are mentally retarded and who also have emotional problems do not have sufficient programs available at either the community or the state facility level. Too many adults who are mentally retarded are not now benefiting from day programs (e.g. workshops, activity centers and supported employment). Long waiting lists continue. These needs are compounded by the fact that each June an increasing number of adults with mental retardation reach age 22, complete their special education programs and seek day, residential and employment services from CSBs. Efforts to reduce the incidence of MR/DD need to be initiated and continued to complement existing early intervention programs.

To address some of these needs previously mentioned, the Department and the CSBs implemented phase one of the new community initiative in FY 1989 and 1990. This initiative added $39.7 million in new base initiative services in FY 1990. This constituted the single largest infusion of new funds for community services in the Commonwealth's history. Phase one will enable thousands of citizens with mental disabilities to receive residential and other associated support services. Total financial support for CSB services increased by more than 38% between FY 1988 and 1990.

The Department is proposing phase two of this initiative to continue working to meet the service needs of persons with mental retardation and mental illness. The base community initiative request is for $83 million for the 1990-1992 biennium. This would fund services for 23,823 individuals who are mentally ill, 7,538 individuals with mental retardation, and 23,275 persons with substance abuse problems.

In addition to the unmet service needs previously identified of persons who are mentally retarded and mentally ill, there are large groups of individuals with developmental disabilities who have no access to services under the current CSB structure. No major service program in Virginia has adopted or attempted to incorporate the federal definition of developmental disabilities into its basic eligibility criteria. As a result, persons who are not mentally retarded or mentally ill are unable to access needed services because no state agency has a legislative mandate to provide services.

Another issue related to the delivery of services by the CSBs is that not all individuals with developmental disabilities have equal access to needed services. Availability of critical services varies widely from community to community. Particularly acute is the need for housing and associated residential support services. In many instances, rural areas of the Commonwealth face acute shortages in all service areas.

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Table 1

Number of Clients Served by Disability Area and Core Service (FY 1988)

Core Service	MH Svs.	MR Svs.	SA Svs.	TOTAL
Emergency	49,917	53	9,667	59,637
Local Inpatient	1,285	NA	220	1,505
Outpatient	62,466	1,032	41,510	105,008
Case Management	14,085	8,652	2,948	25,685
Day Support				
a. Day/Partial Hospital.	829	NA	1,310	2,139
b. Psychosocial Rehabil.	4,940	NA	164	5,104
c. Sheltered Employment	185	2,473	0	2,658
d. Adult Development/Day	NA	943	NA	943
e. Education/Recreation	72	2,788	0	2,860
f. Supptd/Trans. Employment	445	1,076	0	1,521
g. Alternative Day Support	27	358	333	718
TOTAL	6,498	7,638	1,807	15,943
Residential				
a. Intensive Treatment	168	152	6,360	6,680
b. Primary Care	NA	NA	1,866	1,866
c. Therapeutic Community	NA	NA	1,083	1,083
d. Group Homes	231	640	430	1,301
e. Supervised Apartments	511	200	81	792
f. Domiciliary Care	20	52	0	72
g. Emgen. Shelt./Resid. Respite	2,165	193	186	2,544
h. Sponsored Placement	227	67	6	300
i. Supptd Living Arrangemt	3,819	1,195	335	5,349
TOTAL	7,141	2,499	10,347	19,987
Early Intervention	18,808	2,954	13,353	35,115
TOTAL	160,200	22,828	79,852	262,880

These figures do not represent unduplicated counts of clients receiving more than one service.

Table 2

Number of Persons Identified or Projected to Need CSB Core Services Through 1996 by Disability Area

Core Service	MH	MR	SA	Total
Emergency	17,867	422	3,919	22,208
Local Inpatient	165	156	1,544	1,865
Residential	5,414	5,796	10,856	22,066
Outpatient	61,784	537	63,768	126,089
Case Management	19,558	11,395	25,461	56,414
Day Support	9,810	7,979	4,803	22,592
Early Intervention	7,846	3,623	101,998	113,467

Table 3

Number of Persons Identified on CSB Waiting Lists by Core Service and Disability Area

Core Service	MH	MR	SA	Total
Residential	791	1,832	1,158	3,781
Day Support	589	1,130	280	1,999
Outpatient	1,507	139	587	2,233
Case Management	860	866	600	2,326
Early Intervention	NA	244	NA	244

This continues to be a conservative count because many CSBs do not maintain waiting lists for services that are not presently available within the CSB.

Table 4

Demographic Information on Consumers with Mental Retardation Receiving CSB Core Services (FY 1988)

AGE		LEVEL OF DISABILITY	
0-2	12.8%	Mild	31.6%
3-5	3.3%	Moderate	37.3%
6-22	20.9%	Severe	20.5%
23-64	60.3%	Profound	10.6%
65+	2.7%		